



28 September 2002

**Wales unveils a  
'simple vision'  
for pharmacy**

**RPSGB Council  
to have 7-12  
lay members**

**PSNC rejects  
first DoH pay  
offer for 2002**

**UniChem sets  
out Portfolio  
at Convention**



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# 10-year plan for Wales issued

The Welsh Assembly has this week issued a consultation on a 50 point, 10-year pharmacy plan.

The consultation emphasises a cross-sectoral and inter-disciplinary approach to development. Views are being sought until the end of the year with the intention of an agreed strategy being put in place next year.

The first recommendation is to establish a wide-ranging and inclusive review of the future role, organisation and nature of community pharmacy in Wales.

Other recommendations include the introduction of patient pack dispensing based on a 28-day supply, and automated dispensing to be considered to address workforce issues.

The RPSGB Welsh Executive's secretary, Cath O'Brien, was pleased with the comprehensive approach the consultation has taken, saying that it will strengthen pharmacy's voice.

"It addresses a lot of the issues that will allow us to move forward, including manpower, skill mix and IT," she said. "The thrust is to rub out some of the boundaries.



**Promoting the Welsh strategy at the BPC this week (front row left to right): RPSGB Welsh Executive chairman Andrea Robinson and secretary Cath O'Brien; chief pharmacist Carwen Wynn Howells; and Colleen Forse, secretary of Community Pharmacy Wales**

It's an integrated strategy."

Mrs O'Brien said the Welsh approach to a pharmacy strategy differed in the routes taken to achieve similar end points to the strategies already in place in England.

This will also mean that the pace of change is different to that in Scotland and England, with some areas proceeding ahead of the other home countries.

One example is the emphasis on supplementary prescribing, which in England has been focused on secondary care. In Wales, the intention is to develop it significantly in the community sector, with the long term aim of having independent prescribing.

"It's quite all-encompassing – not just looking at the end point but also at what systems need to be in place to get there," she said.

## Strategy based on 'vision of the future'

The pharmacy strategy for Wales is based on a "simple vision of the future".

Working with others, pharmacy will use its expertise to help people maintain their health, manage common ailments, make the best use of prescribed medicines and manage long-term medication. This can be done by providing a service that is easily accessible to all, tailored to individual needs, efficient, co-ordinated with other professionals and of a quality at least equal to the best in the UK.

There will be a wide-ranging review of the future role, organisation and nature of community pharmacy in Wales. Recommendations include:

- a shift from pharmacist remuneration based on items dispensed to "medicines management" should be piloted to avoid unnecessary

prescribing and dispensing

- the demarcation lines between services provided by pharmacists and GPs, and between primary and secondary care, must be eradicated

- ideally, pharmacists should be full members of the primary care team, working in the same premises at least part of the time

- patients are entitled to expect the same standards of professionalism from all dispensing contractors, including dispensing GPs

- consultation with a pharmacist should be at the same level of privacy and confidentiality as is currently expected throughout the NHS

- funding should be changed so FP10HPs may be dispensed either in a hospital or community pharmacy. Only when the need is particularly urgent should hospital outpatients receive

their initial supplies from the relevant hospital pharmacy

- trusts and local health groups should develop electronic systems for transferring prescribing information between community and hospitals

- the use of suitably trained pharmacists in clinical medication review should become the norm in Wales

- PILs should set out choices and risks, as in informed consent processes

- research should test the feasibility of therapeutic substitution in the community, which will satisfy the professions in terms of clinical governance, financial audit and patients' needs

- community pharmacies must connect to the NHS Wales network.

**For more information:**

[www.wales.gov.uk](http://www.wales.gov.uk)

## Society CPD programme ready to roll

The 5,000 pharmacists to be enrolled on the Royal Pharmaceutical Society CPD scheme in October will be encouraged to record their progress using an internet-based logbook.

The server-based software, developed by PCCAL and CoAcs, from the Department of Pharmacy at Bath University, will enable the Society to implement a CPD scheme that threatened to be unmanageable if it were paper-based.

The program takes users through the traditional CPD cycle of reflection, planning, action and evaluation. A 'confidentiality' option allows users to give access to employers and others who might want to verify their CPD.

Dr Robert Dewdney, head of the Society's education division, says: "Paper and diskette-based submissions will be acceptable but we want to encourage web use because it is cheaper and easier for us to administer."

A further 10,000 pharmacists will join the scheme next year. Implementation is costing the Society £300,000 this year and £450,000 next year, but costs will then fall.

Every pharmacist, other than those who have retired, is to be sent a video in early October explaining how the CPD scheme will be rolled out over the next two years.

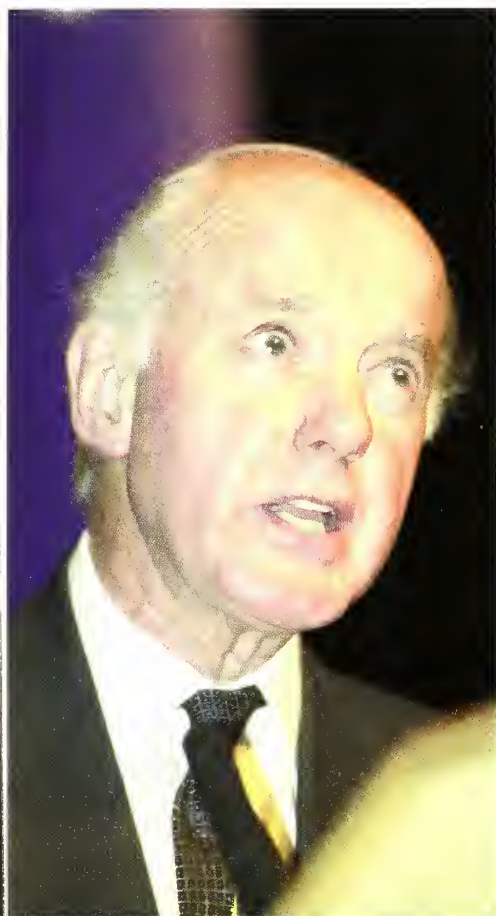
Additional material will be sent to the three groups targeted in the first wave of enrolment. This will be sent out during October and November to:

- 1,600 pre-registration tutors
- 2,900 pharmacists within three NHS workforce development confederation areas around Manchester (WDCAs are responsible for commissioning education and training within the NHS)

- 500 pharmacists who were involved in the initial pilot work in Scotland, Wales and two areas of England.

They will receive a CPD pack, a CD Rom and user guide, and a CPPE training video. The CPPE is working in partnership with the Society and has an adaptable programme of workshops that can be put on at short notice to support the roll out of the scheme.





RPSGB president Marshall Davies and health minister David Lammy say their piece at the BPC in Manchester

## Davies tells of 'massive increase in workload'

Royal Pharmaceutical Society president Marshall Davies voiced concerns over the "massively increased workload" faced by pharmacists in his BPC keynote address on Wednesday.

He warned that with the launch of pharmacy plans for England, Scotland and Wales, further resources are needed to ensure that any progress is sustainable.

"In the past 10 years, the volume of NHS dispensing has risen by 40 per cent," he said. "The same number of pharmacists are coping with a massively increased workload, and that is before they tackle the new agenda."

Pharmacists can only take up roles in medicines management, repeat dispensing and other new, beneficial functions if they have the time and resources, he told the health minister, David Lammy.

Turning to the Office of Fair Trading's enquiry into control of entry, Mr Davies said: "In considering change, we should look to the value of what we have. It would be counter-productive to substitute locally planned provision of pharmacy services with an alternative that could leave many people with no local access to a pharmacy".

And on the Society's modernisation programme, Mr Davies said: "Some pharmacists have voiced concern that the Society will no longer be in a position to exercise its leadership, professional development or advocacy roles. These concerns are unfounded. In some cases they are based on a misunderstanding of what 'regulation' means in the modern context."

Future regulatory developments the Society is considering include examining how the Register will need to develop to demonstrate specific competencies, and whether revalidation might be introduced for pharmacists.

Mr Davies expressed concern over community pharmacists' lack of access to patient information. "We have no clear way forward about a number of key issues," he said. These include identifying the appropriate records for pharmacists to share; ethical patient consent issues; and access to the NHSNet.

## DoH launches pharmacy workforce consultation

Health minister David Lammy announced that the Government is to review pharmacy workforce requirements at the British Pharmaceutical Conference on Wednesday.

Among the proposals in the consultation paper – *Pharmacy workforce in the new NHS: making best use of staff to deliver the NHS pharmacy programme* – published on Wednesday, are that there should be:

- a continued extension of the role of pharmacists in supporting patients with their medicines
- parallel development of the role of pharmacy technicians and other support staff to provide improved patient services
- development of appropriate training standards and a system of regulation of pharmacy support staff
- development of pilot 'protocol medicines supply schemes' to allow suitably qualified and accredited technicians to dispense and supply medicines without being under the personal

supervision of a pharmacist.

Mr Lammy stressed that he is pleased with the progress being made with PSNC towards a new pharmacy contract, and said the Government wants to provide new incentives.

"We need to modernise your pay structure," he said. "There is no doubt that we should reward you fairly for the work you do."

Concern that the bulk of pharmacists' NHS income depends so heavily on the dispensing fee, prompted him to say: "We want to refocus thinking on pay on rewarding those who make best use of their expertise to provide and maintain high quality, easily accessible services that patients want."

Turning to the OFT enquiry into control of entry, which is due to report in November, he said: "We will ensure that when that report is published we hear your views and take these into account in drawing up our response."

Mr Lammy has been pleased

with the progress being made on medicines management and he announced a third wave of a further 40 sites.

"Within a couple of months we will have more than 100 PCTs – almost a third – offering medicines management services," he said. He also expects to announce shortly details of the pathfinder sites for repeat dispensing.

Noting that "many pharmacists have been frustrated by having to watch nurse prescribing develop and expand, often while providing some of the training", he said that the Department will "shortly" consider how best to take forward the introduction of supplementary prescribing by pharmacists and nurses.

"We should be in a position to make a further announcement later this year," he said. "I expect that the first pharmacists will be prescribing by mid-2003."

For more information:

[www.doh.gov.uk/pharmacy/workforce-discussion](http://www.doh.gov.uk/pharmacy/workforce-discussion)



# 40pc lay membership for new-look RPSGB Council?

Between 7 and 12 members of the Royal Pharmaceutical Society's Council could be lay members if proposals adopted last week are endorsed by the Government.

A reformed Council of between 24 and 30 members will be "the governing body of the Society and fulfil the requirements for a modern regulatory body", the current Council has decided.

This means Council has not opted for a separate regulatory board, along the lines proposed by the Young Pharmacists Group.

The Council agreed to nine recommendations for a modernised constitution last week. They will now be put to the Government to indicate how the Society intends to proceed as a modern regulator.

Following a closed session, RPSGB president Marshall Davies said in public debate that determining Council's composition and responsibilities was the next stage of the modernisation process.

The five key functions of the Society will be specified to the Government as:

- protecting the public by keeping up-to-date registers and setting and enforcing standards of education, practice and conduct
- considering allegations of misconduct or fitness to practice
- supporting and fostering good science and practice in pharmacy
- promoting the profession of

pharmacy so that its contribution to healthcare is understood

- developing the profession of pharmacy.

A reformed Council will also have a collective responsibility to:

- lead strategic development and policy, and advise others on pharmacy matters

- represent the Society's policies and promote pharmacy in the public interest

- set priorities for activities and expenditure

- determine the organisational and management framework of the Society

- act as a trustee for the Society's trusts and funds.

The Council agreed that it should in future have between 24 and 30 members (at present it has 21 elected members and three Privy Council appointees). Lay membership would be 30-40 per cent, or 7-12 members.

Provided that the Society proceeds to register pharmacy

technicians, they would have two places, although it was not decided whether they would be regarded as professional or lay members on the Council.

Finally, Council agreed "the Government chief pharmacists of England, Scotland and Wales should be invited to attend appropriate parts of Council meetings and to contribute to debate, but have no voting rights".

The recommendations relating to the Society's specific functions and collective responsibilities have been aligned to the Kennedy report recommendations for self-regulating professions.

With this in mind, Council member Gordon Applebe asked that it be noted that he voted against any of the Society's recommendations that related to the Society's role as a regulatory body. Other members also abstained on certain sections, but in the main, the proposals were adopted unanimously.



Members of the Modernisation Steering Group facing questions at the BPC

## Constitution changes 'cause for concern'

The decision by the Royal Pharmaceutical Society's Council to push ahead with proposals for a new constitution (see left) was greeted with concern by pharmacists at a packed meeting on the Society's modernisation process at the British Pharmaceutical Conference on Monday.

Past Society president Nicholas Wood asked why other models had not been discussed openly by Council. "It has decided that a regulatory board is not an alternative option. That option has been rejected without putting it to the membership. Why?"

The Society president, Marshall Davies, said that the issue had been discussed more than once by Council. "The Council, in taking that decision, was cognisant of the objectives the Society is seeking to achieve," he said.

The overarching Council of Health Regulators (CHR), which will monitor the conduct of the self-regulatory bodies, will only want to liaise directly with the Society's Council. Having a regulatory body within the Society alongside a professional body would not work.

Mr Davies added that to increase lay membership on Council was a non-negotiable requirement of being a modern regulator. Ignoring this requirement would only mean that it would be imposed.

Immediate past president Christine Glover supported the Council's proposals. "The notion that the CHR will be prepared to deal with a delegated group is a nonsense. It will want to deal with the Council, which is accountable," she said.

Peter Noyce, a member of the Modernisation Steering Group, said that the "force majeure" behind the modernisation process was government policy. The Society had to deal with the regulatory issues first, rather than professional concerns. In other circumstances alternative models could have possibly been developed.

However, Professor Noyce said: "The major debate has yet to come, but we do have to fit in with the political timetable."

## Questiontime

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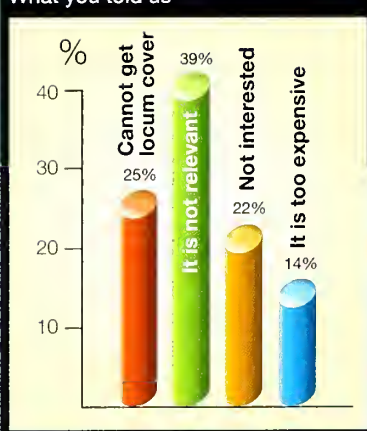
Last week we asked you: "If you do not plan to attend the British Pharmaceutical Conference, what is the main reason?" You replied (see right):

### This week's question: How do you feel about the level of lay representation proposed on a reformed RPSGB Council?

- There should be none
- Too few lay representatives
- About the right level
- Too many lay representatives
- Council should have adopted a completely different approach

You can record your vote on our website: [www.dotpharmacy.com](http://www.dotpharmacy.com). You have until noon on October 1 to cast your vote. We will publish the results in *C&D*, October 5.

#### What you told us





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# PSNC rejects DoH's first pay offer for 2002-03

The Pharmaceutical Services Negotiating Committee has rejected the first remuneration offer from the Department of Health for 2002-03. The offer, received last week, is now under discussion. PSNC has not disclosed details.

PSNC's chief executive, Sue Sharpe, has also confirmed that a new pharmacy contract is still some way off, and will not be in place by April 2003.

Health minister David Lammy told PSNC that he is keen to progress negotiations and is committed to moving forward quickly on the broad issues.

He said the fine details will have to wait until after the Office of Fair Trading's enquiry into access to pharmacy services. He has reassured PSNC that, despite apparently slow progress, he regards pharmacy as in the mainstream of primary healthcare and not in the "slip stream".

Sue Sharpe explained at a press briefing last Friday that PSNC was working with the DoH on building a cost of service model, which will take several months.

The model will provide evidence for what the services provided under a new contract might cost, and what returns

pharmacists might reasonably expect to make on their investment.

Mr Lammy has confirmed that the Government is "committed to ensuring that pharmacists are fairly rewarded for the NHS services they provide".

"Without a cost model agreed between the Department and ourselves, it would be difficult to envisage an agreement on what was fair [in remuneration negotiations]," said Mrs Sharpe.

A pilot to test the methodology is expected to start later this year.

**For more information:**

Tel: 01296 432823.

## 'Totally impractical'

PSNC has rejected DoH proposals that pharmacists should photocopy patient information leaflets or download them from the internet. As well as being totally impractical, the proposals would mean a significant increase in workload and would compromise patient safety.

PSNC is also writing to the Ombudsman, giving reasons why the suggestion is "woefully inadequate." The Ombudsman recently found the Department guilty of maladministration for failing to state how those in the medicines supply chain should satisfy the EC requirement to provide PILs.

## OFT report in November

The Office of Fair Trading's report on public access to pharmaceutical services is likely to be published in November. There will be 90 days from the date of publication for the Department of Health and others to respond. During that period there will be discussions between the DoH and PSNC.

## Pay for pre-payment certificates stopped

The Department of Health is refusing to pay pharmacy contractors for the sale of pre-payment certificates from October 1. PSNC is recommending that all contractors withdraw from their local arrangements. Patients will have to contact the Prescription Pricing Authority instead, for new plastic, credit card-style certificates.

## New-look website

The PSNC has updated its website. Development of the site will continue over the next few months with a password-protected area and more information about PSNC services.

**For more information**

[www.psn.org.uk](http://www.psn.org.uk)

## Contractors told not to sign up yet for repeat dispensing

The Pharmaceutical Services Negotiating Committee is warning contractors in England not to become involved in repeat dispensing pathfinder sites until the Department of Health has agreed better terms.

The remuneration offered is grossly inadequate, says PSNC. Contractors signing up unconditionally would be committing themselves to an unquantifiable workload for unspecified services and an unknown level of remuneration.

Chief executive Sue Sharpe pointed out that pharmacists would be responsible for ensuring that medication was appropriate for a patient for up to a year, without the patient seeing a doctor. This could involve lengthy interventions.

"Such a scheme must be set up with proper funding for an accepted service specification," she said.

"It should not be portrayed as merely a commodity supply."

**For more information:**

Tel: 01296 432823.



Sheelagh Hillan (centre), president of the Pharmaceutical Society of Northern Ireland, is pictured with special guests at PSNI's annual dinner, which was recently held at the Hilton Hotel, Templepatrick. Ms Hillan is flanked (from left) by Cicely Roche, president of the Pharmaceutical Society of Ireland, Ann Lewis, secretary and registrar of the Royal Pharmaceutical Society of Great Britain, Andrea Robinson, chairman of RPSGB's Welsh Executive and David Thomson, chairman of RPSGB's Scottish Executive. A raffle, featuring donated prizes, raised £1,400 for the Chest, Heart and Stroke Association

## PSNI calls for creation of more Fellows

The Council of the Pharmaceutical Society of Northern Ireland has embarked on a campaign to encourage the nomination of Fellows of the Society. Although other pharmaceutical societies have been recognising the contribution pharmacists from Northern Ireland make to the profession, there has not been a Fellowship awarded by the PSNI since 1997.

Any member of the Society can nominate a colleague providing that the nominated person has

been registered for at least ten years. The nomination should be supported by two or more pharmacists, one of whom should be an existing Fellow.

Fellowships are normally awarded for two reasons:

- pharmacists who have distinguished themselves in the science, practice or profession of pharmacy and have enhanced the reputation of the profession to an exceptional degree
- pharmacists who have rendered outstanding service to the

community in general.

Sheelagh Hill, president of PSNI, said: "I would ask that people give some serious thought to proposing someone for a Fellowship – there are so many eligible pharmacists out there. We should be more ready to praise and recognise the achievements of our peers and the wonderful work that they are doing."

Nominations for this year must be received by October 31.

**For more information:**

Tel: 02890 326927.



WHOLTS/LING

# UniChem creates 'Portfolio' of services

UniChem is grouping all of its 'virtual pharmacy' and added value schemes together under an umbrella title, Portfolio.

Nick England, the recently appointed chief executive of Alliance UniChem Retail International, said the new set up – which he described as the blueprint for total pharmacy management – would encourage pharmacists to take advantage of more schemes. Under the previous arrangement, where the schemes were run adjacently,

some pharmacists may have joined some, but ignored others.

"The net result is that we don't maximise the synergies and the benefits that we set out to achieve in the first place," explained Mr England.

Under Portfolio, pharmacists will have to join a core set of key schemes, which UniChem has yet to announce. The remaining schemes will stay voluntary.

The aim is also to encourage pharmacists to work for pharmacy's benefit instead of just

considering their individual business needs. A recent report by the Trent Institute, he said, predicted that small pharmacies and small chains would not survive by operating as 'niche' or 'boutique'-type businesses.

Portfolio, Mr England added, would be a "two-way street". While its members would receive a lot of benefits, UniChem would expect them to reciprocate by achieving the targets it had set. These targets will illustrate how well members are complying with

the schemes they are involved in.

He stressed that Portfolio could not afford to have any weak links. "Because of the investment involved and because the stakes are so high, we cannot afford to have non-compliant pharmacies in the mix," he said.

UniChem will develop Portfolio's services. New schemes will include standard operating procedures, accredited training, market research modules, professional and commercial audit and a merchandising service.

## Coming Events

### OCTOBER 1

#### Northern Scottish Branch, RPSGB

Pharmaceutical Care Model Schemes, by Annemarie Macgregor, Model Schemes Development Team. Marriott Hotel, Culcabock Road, Inverness, 7.30pm.

### NICPPET

Law and Ethics, at the Fitzwilliam International Hotel, Antrim, 10am - 5pm.

### OCTOBER 3

#### NICPPET

Evidence-based Management of Diabetes at the Silver Birches Hotel, Omagh, 7.30 for 8pm.

### OCTOBER 4

#### NICPPET

Managing Lower Gastrointestinal Disease. Fitzwilliam International Hotel, Antrim, 10am-5pm.

## DISTRIBUTION

# Whole distribution chain 'up for grabs'

Electronic prescribing is going to change the supply chain and could lead to prescriptions being sent directly to logistics providers rather than pharmacies, John Patterson, president of the Association of the British Pharmaceutical Industry, suggested.

"And why not – the whole distribution chain is up for grabs," he added.

Mr Patterson's comments came during the opening of Healthcare Logistics' new warehouse in Bedford. The new depot has a capacity of 18,780 pallets, increasing the company's total number of MCA-approved pallet spaces to 35,000.

One of the depot's main



**ABPI president John Patterson officially opened the new warehouse**

features is a large CD 'cupboard' capable of holding 564 pallets, while the cold store has almost double this capacity.

Meanwhile Healthcare Logistics is also seeking permission for a sister warehouse on a site adjacent to the new

warehouse, which will be used for bulk storage. The second warehouse should open in 2003.

Healthcare Logistics is a specialist logistics provider, delivering to every NHS hospital every day as well as pharmaceutical wholesalers.



Asda is offering C&D's Pharmacy Update course to all its pharmacists via the company's intranet system. Nearly 200 Asda pharmacists will be able to register for Pharmacy Update during 2002 and 2003. Update will be available to Asda pharmacists as part of its corporate CPD package, which was devised internally and launched in May this year. Superintendent pharmacist, John Evans (pictured centre), said: "This is one more option in our pharmacists' toolbox to help keep their professional knowledge at the cutting edge." John is pictured with (left to right) Faisal Tuddy, operations manager for Asda Pharmacy, Steve Bremer, C&D special projects manager, Neil Carter, Asda pharmacy manager, and Harriet Colston, trainee Asda pharmacy manager



# Pushing those scripts

Nina Keller-Henman looks at the hybrid model for ETP being tested by TransScript

'Hybrid' turns out to be an appropriate description for TransScript's proposed system for the electronic transfer of prescriptions.

Including the option of either a bar-coded FP10 or a completely electronic prescription within the context of a push model, it sits somewhere between the models piloted by the two other consortia.

The deciding factor that determines which type of script is issued is whether a face-to-face consultation with the GP takes place, or whether the patient asks for a prescription *in absentia*.

In the first case, and mainly intended for acute prescriptions, a bar-coded FP10 is printed out and signed by the GP, irrespective of any existing nomination of a particular pharmacy.

"Because the GP still signs it, the patient can take the prescription out of the pilot area and to non-participating pharmacies," Ewan Davis, chairman of Pharmed, explains.

He adds that the current system actually works quite well for acute prescriptions.

Pushing repeat prescriptions to a designated pharmacy only happens if the patient is willing to nominate a particular outlet, otherwise a bar-coded FP10 is issued.

Dr Nigel Torode, the GP at the

Park Lane Medical Centre in Bedhampton (near Portsmouth), estimates that around 90 per cent of the prescriptions he issues are bar-coded paper FP10s, but he expects this to fall once the system has gone national.

At the nearby Nijkar & Tozer Pharmacy a pop-up box alerts pharmacist Patrick Leppard to the fact that an e-script has arrived. Alternatively, the barcode from a paper script is scanned in via a three-point scanner.

The actual dispensing process remains largely as it was, except that most of the information such as patient details, product, dosage and instructions are automatically imported.

A secure e-mail message is sent to the Prescription Pricing Authority once the script has been dispensed, which can be cross-referenced with a 'golden script' sent direct from the GP surgery. Feedback from the PPA to both the surgery and the pharmacy also arrives via secure e-mail.

Those patients who were not issued with a bar-coded FP10 are given a grey FP10 equivalent for their records, which clearly states that it is not a valid prescription.

TransScript has also made the conscious decision not to enable the free messaging facility between the GP and the relevant pharmacist.



Pharmacist Patrick Leppard, below, is testing TransScript's hybrid model, which includes an FP10 equivalent being printed out, left, where required



Martin Strange, Pharmed's operations director, insists that there is a liability issue associated with passing on important messages in this way, without being able to verify that they have been received and understood. In his view, a message dialogue would need to be created before any such system could be implemented safely.

For similar reasons the TransScript system does not feature a prescription recall mechanism.

"I cannot see how you can delegate this responsibility to machinery," Mr Strange says.

Mr Davis speculates that the system the Department of Health is likely to adopt will be a point-to-point, ie push system, before eventually moving to the more

ambitious relay model. He did not rule out teaming up with Pharmacy 2U to provide the technology.

In the meantime, TransScript intends to work towards sending acute (face-to-face) prescriptions via e-mail as well, but not before the push model is fully stabilised.



## What is the only treatment you can recommend for itchy ear infections



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# Comment

## from the Editor

The Royal Pharmaceutical Society reached a watershed as a professional and regulatory body this week. In future, for many pharmacists now on the Register, the RPSGB will be perceived not as 'us'; it will be 'them'. The proposal that the current Council is putting to the Government on its future constitution will change irrevocably how 'members' view 'their' Society. And let us not delude ourselves – the proposal is unlikely to see substantial change before it becomes reality.

With lay members making up to 40 per cent of its governing body, and with pharmacy technicians likely to be registered by the Society and represented on its Council (*see p6*), the focus of the RPSGB will have shifted substantially. The Society will have changed its spots, and any protestations to the contrary are nonsense. A process that was begun in haste, poorly communicated to the rank and file, and which is being pushed through to a Government deadline, is heading towards an outcome that leaves many pharmacists bemused.

The well-informed few have been airing their concerns again at the BPC in Manchester this week. But those who have misgivings about the Society's 'direction of travel' have yet to coalesce into a coherent opposition and offer a viable alternative agenda. They have little time left, so tight is the

### **A process that was begun in haste, poorly communicated to the rank and file... is heading towards an outcome that leaves many pharmacists bemused**

Society's timetable. The complexity of the exercise the Society has been going through has baffled most ordinary pharmacists. They understand the logic of what the Government is trying to achieve. They have difficulty in appreciating the hoops the Society has been jumping through since the Kennedy Report became official policy. They do not understand how the Society's Charter and legal constitution is being manipulated to deliver an outcome acceptable to Government.

The Society has been a "pixel in the big picture" (to misquote the Scottish chief pharmacist) that led to the Kennedy Report. It has not been helped by the Government's impossibly tight timetable to make the professions more



properly accountable. And it has had a credibility problem of its own making. Factional fighting within Council, concerns about corporate governance and financial management, and a lack of transparency, have all dented pharmacists' confidence in the Society. Many of these concerns have been addressed, but the memory lingers. And unfortunately, it is the nature of things that much sound work the Society has done on pharmacy's behalf at the same time is overlooked.

So when the Society set out to align itself with what the Government wanted from a self-regulator many pharmacists simply did not believe Lambeth was telling them 'the whole truth'. This situation has been exacerbated by the speed with which the Society has conducted its consultation with members. Instead of leading an effective agenda for change, too often the perception has been of decisions made before the consultation papers were published.

Ordinary pharmacists are not blameless. Feedback to the Modernisation Steering Group has been minimal. Pharmacists have, perhaps, failed to appreciate how strong the winds of change are. If there is any doubt about the impact on everyday working lives, details of the Society's CPD programme will be thudding through the letterbox in the next few days (*p4*). Over 15,000 pharmacists will be involved over the next 12 months. And then there will be validation – look at what the president had to say this week at the BPC (*p5*).

For new graduates joining the Register all this will soon be ancient history. And it is no good trying to turn the clock back. It is time to look to the future: the vision is that the Society will emerge from these turbulent times as an effective regulator that can still represent pharmacy as a profession. Lay members will add the weight and experience to Council that it has perhaps lacked in recent years. They will make it more effective as a governing body, not only in overseeing the Society's internal affairs in a businesslike manner, but also in making its voice heard in the corridors of power.



# BlackBAG

## It shouldn't happen to a GP

As a medical condition, *balanitis xerotica obliterans* is quite a mouthful. And as conditions go it is also very embarrassing which is probably why I took so long to get it sorted out. Even male GPs revert to type when it comes to willies, especially when presenting the symptoms to colleagues.

BXO is a whitening of the foreskin with a contraction of the outlet, the causes of which are little understood but include excessive sexual activity. Hmmm! In my case that is wishful thinking, at least while I am on night duty.

While sitting in the eye department of Belfast's Royal Victoria Hospital for a corneal graft it dawned on me that the genito-urinary clinic was a mere two floors up in the same building and that a colleague of mine just happened to be on duty as the consultant GU specialist.

We are talking about a vertical distance of some 30ft but it might as well have been the north face of K2. I eventually made my way surreptitiously upstairs to the

## My bluff confidence was only slightly dented when I realised I was wearing pyjamas

'special clinic' where people sit in quiet rows avoiding eye contact.

I nonchalantly strode into the reception area, looked the nurse in the eye and told her that Dr Smith (this is to protect the innocent) was expecting me. My bluff confidence was only slightly dented when I realised I was wearing pyjamas. Generally speaking, professional people don't meet in bedroom attire.

News travels fast here. "Hear you had a spot of bother yourself, Doc," a patient winked at me on the street. Worse still, the only effective treatment for advanced neglected late-to-present *balanitis xerotica obliterans* is circumcision. So go early, go often, as we say about voting in Northern Ireland.

*Dr Ian Banks is a GP practising in Northern Ireland*

## TOPICAL REFLECTIONS

### Animal medicines – a dog's dinner

On the few occasions that I have been able to compare the price paid by an animal owner for a medicine supplied by a vet with the price I would charge, the difference has been breathtaking. The result has been a few annoyed owners, but the majority never know how much they are charged.

According to the conclusion of a Competition Commission enquiry, a complex monopoly exists between vets, manufacturers and suppliers that hides information from the consumer and excludes the competitive involvement of a pharmacist (*C&D* September 21, p6).

This conclusion officially endorses what I have known for years and if acted upon could mean that vets will be routinely issuing veterinary prescriptions. At first glance this is a simple scenario, but veterinary practice is private so there will be price competition between pharmacies.

Veterinary insurance plans will also have to be considered and reasonable stock levels maintained.

Then there is veterinary medicines knowledge, of which I know little, but knowledge is essential to maintain the standard of pharmaceutical advice that should be given with any dispensed medicine. Training will be vital. The 'ag & vet' diploma offered by the Royal Pharmaceutical Society could have a new lease of life!

All in all, a complex series of requirements before pharmacies can offer the competitive service envisaged by the Competition Commission, but if it can be achieved then other opportunities could follow. If pharmacies supplied veterinary Prescription Only Medicines on a regular basis they would quickly become familiar with those aspects of animal health that could also be helped by the supply of OTC animal medicines.

### Take a lesson from Pharmacia

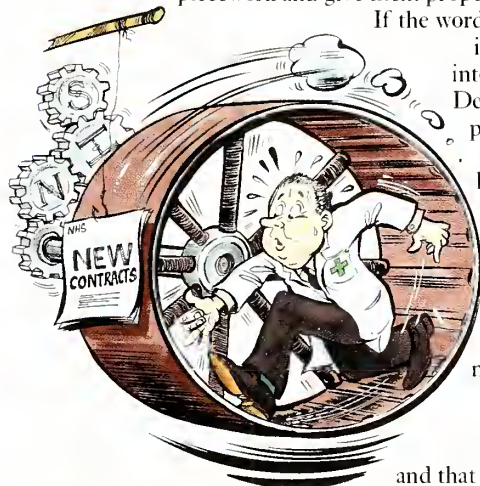
Full page advertisements in the professional press cannot be cheap, so full marks to Pharmacia for its prominent announcement of the withdrawal of medicines licences for Efamast and Epogam (*C&D* September 21, p14). I now know exactly where I stand and, most importantly, can advise my patients accordingly. And when the demand has ceased I can return unused stock to Pharmacia for full credit.

This is how such a change should be managed and I hope it serves as a lesson to others. Unambiguous and positive: patients may not like it but the message is clear and I will not lose financially. I congratulate Pharmacia for its expensive goodwill exercise. Now where is that box of Xatral 5mg that is going out of date on my shelf? I wonder if Lorex has a customer service line?

### For 'dentist' read 'pharmacist'

The Audit Commission has produced many useful reports and has built a reputation for not mincing its words. In a report published last week into the NHS dental service the Commission's controller, Sir Andrew Foster, accused ministers of dithering over options for reform instead of pressing ahead with the fundamental change they knew was needed – to remove NHS dentists from the "treadmill" of payment by

piecemeal and give them proper salaries for doing the right job (*Guardian*, September 19).



If the word 'pharmacist' is substituted for dentist in the above indictment, a similarly appropriate Audit Commission report into NHS pharmaceutical services would be instantly produced. Dentists suffer from the same frustrations as community pharmacists and for similar reasons.

"The Commission poured scorn on arrangements that have lasted more than 50 years, giving dentists (and pharmacists!) a perverse incentive." Dentists, pharmacists and the Audit Commission know what is wrong. The solution requires new contracts. Probably more complex contracts than the old, but ones that will deliver better service. Why are we still waiting?

And finally, apologies to Boots The Chemists! I misunderstood a newspaper article commenting on the Credit Suisse First Boston report into the OFT investigation into pharmacy contract regulation (*Xrayser*, Sept 14, p17). I now learn that CSFB has never been linked with Boots and that the report was purely the opinion of CSFB. Sorry!





Would pharmacists help their cause by using only one major full-line wholesaler? Guy L'Aimable reports from UniChem's 2002 Convention in Mauritius



# UniChem warns customers of the downside to shortliners

UniChem is urging its pharmacy customers to fully support its business, instead of hunting among shortliners to gain extra discounts on selected lines.

Martyn Ward, UniChem's sales and marketing director, told delegates at its convention in Mauritius on Monday that he was disappointed that instead of improving their retail skills and expanding their services, pharmacists had responded to the intense pressure they were under by working "... tirelessly to save that extra two pence on a pack of fluoxetine".

The pressures on pharmacists come from government and patients demanding more services, competition from supermarkets and manufacturers consolidating through mergers and acquisitions.

Pharmacists also have to contend with the uncertainty caused by the new contract negotiations, the Office of Fair Trading enquiry into control of entry and the professional debate on skill mix and supervision.

Even pharmacy delegates at the convention, who were among UniChem's most committed customers, conducted a sizeable share of their business through shortliners, said Mr Ward.

Around 373 pharmacies – which spent around £240 million a year – were represented at the convention. Only around 60 per cent of that was through UniChem, he said.

This helped explain why parallel imports and generics have grown over the past 10 years from

practically nothing to account for 26 per cent by value of the pharmaceutical market.

The market itself grew 12 per cent by value this year, but this growth was fuelled by PIs, which are growing 40 per cent month on month. Sales of generic medicines are growing 11.2 per cent.

The overall market's annual volume growth is around 22 per cent, chiefly due to generics. With UniChem's volume sales of generics growing by 30 per cent – most of which are extremely low value lines – the wholesaler is "...delivering more for less", said Mr Ward.

All this is putting extra strain on UniChem's distribution network. At the same time, the wholesaler has been investing a lot of time and resources into developing more services for its customers, such as CPI and CPI+, which give pharmacists the retail expertise they need to compete with supermarkets.

If this situation continues, Mr Ward warned that UniChem and its customers faced a number of 'doomsday' scenarios:

- if UniChem does not get enough business to warrant twice daily deliveries, the wholesaler could stop this service or offer it only for orders above a certain value, as some shortliners do
- if pharmacists continue to

support the *Drug Tariff* while shopping elsewhere, UniChem could match the lowest prices and not worry about the consequences to the 'basket price' of generics

● if pharmacists demand UniChem's retail schemes and support material, but bought products from another wholesaler, UniChem could stop its marketing support "and the results would be lower sales for everybody except the supermarkets"

● if pharmacists continue to ignore the UniChem own-brand ranges, it may be forced to increase the ranges' prices to make a profit – or it could stop producing them.

However, Mr Ward stressed that UniChem had no intention of taking any of these routes – it was only highlighting the "potential downside of not supporting your main wholesaler".

Earlier this year Jeff Harris, Alliance UniChem's chairman, told a British Association of Pharmaceuticals Wholesalers' conference that wholesalers may have to charge for their services in future because they were not making enough money to sustain current service levels. While Mr Harris had been speaking from a personal perspective, his warning was echoed by other major wholesalers.

Mr Ward told the convention that UniChem's financial performance and customer research showed it was pursuing the right customer strategy.

He urged pharmacists to discuss their needs with UniChem "... then stop wasting your time and improve your retailing skills, implement the key elements of the *NHS Plan* in terms of service provision and develop new business opportunities".

Mathew Price, a pharmacist from Crowbridge, asked whether UniChem was in danger of turning pharmacies into 'UniChem shops' by urging them to be more loyal. "Doesn't UniChem think the entrepreneurial spirit could be taken from independents [if they follow its requests]?"

Mr Ward said the company did not want to remove pharmacists' entrepreneurial spirit – it valued that spirit, which was reflected in the valuable advice it gained in its pharmacy consultative boards.



Martyn Ward



## Report YPG Manchester

# RPSGB modernisation plans face challenge from senior members

Last Sunday, before the British Pharmaceutical Conference got underway in Manchester, the Young Pharmacists Group held a debate looking at the Society's modernisation process.

Three RPSGB Council members and the chairman of the Modernisation Steering Group heard the Society could face a special general meeting over the modernisation process currently taking place.

Concerns were raised by former secretary and registrar John Ferguson, past presidents David Sharpe and Nicholas Wood, former director of professional standards Sue Sharpe and former Council member Mark Koziol.

Among the issues raised were that the modernisation process has been badly communicated to members, that there had been misinformation and misrepresentation of the facts in 'anonymous' Society articles about the modernisation process, and that there has not been a true consultation until now.

Options open for members if they felt that the Society's Council had acted against the wishes of the membership at large, or had even acted illegally, include seeking legal advice and holding a special general meeting.

Powers given under the Health Act only allow the Government to change the Society's Charter on regulatory matters, it was pointed out. Professional



representation or membership matters are within the Society's remit.

However, any significant change in this area could be seen as going against the directions of the Charter, meaning the Council could potentially be opposed by an SGM or legal action taken by the membership.

Asked for her opinion, Mrs Sharpe thought the Charter would have to be used to change the make-up of Council. "I do not think there's a problem with the Society debating issues – but I would hope and expect that it is taking expert advice on its powers," she said. Byelaws would allow for changes to be made to the way Council members are elected, for example on a regional basis. But the Charter states that the Council should comprise 21



**Speakers included John Ferguson (top left), Sue Sharpe and Hemant Patel**



elected members and three appointed under the 1954 Pharmacy Act (the Privy Council appointees). "If you are going to change that you are going to have to change the Charter," she said.

The modernisation process is being driven principally upon the Kennedy report which followed the investigation into the Bristol Royal Infirmary. The report makes a series of key recommendations for self-regulating professions.

Arguing against the Society's proposals, Mr Ferguson said the Society had not been criticised by any government or parliament over its disciplinary processes. Further, he pointed out that the Statutory Committee is a

committee of the Society and not the Council, and is autonomous in that sense. Appeals against the Statutory Committee were made to the High Court or Scottish Assembly. "The whole procedure is legally sound, transparent and effective," he said.

Speaking as chief executive of PSNC, Mrs Sharpe stressed: "PSNC is totally committed to Kennedy; in the proposals we are signing up to, we are totally committed to having lay representation in the regulatory function."

"But I cannot let PSNC's position be misrepresented in any way by suggesting that we are reneging on the Kennedy commitments ... We should not let non-acceptance of the RPSGB view be seen as not supporting patients."

Mr Koziol was concerned that information on the modernisation process originating from Lambeth was something that could no longer be trusted.

Hemant Patel said that while Council had determined the Society should retain both representation and regulatory functions, pharmacists should be aware of the key differences between that and the Society adopting a regulatory role only. They should make sure the intentions of the so-called 'option 2' are "pegged down" to stop it progressing to 'option 4'.

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Janie Sheridan and Marion Walker explain the growing interest in alternatives to methadone for the treatment of drug dependence. This first article looks at buprenorphine

## Other ways to treat opiate dependence

For many years, treatment for opioid dependence has been synonymous with methadone treatment. Indeed, methadone is the most widely researched of all the available treatments for drug dependence, and there is evidence for positive outcomes from methadone maintenance in the following domains:

- reduction in illicit drug use
- reduction in injecting drug use
- reduction in acquisitive crime
- reduction in suicide and overdose deaths
- improvement in psychosocial health (see Ward, Mattick & Hall, 1998).

However, methadone does not work for everyone and in recent years there has been a move towards increasing the range of treatments available to opioid-dependent patients. As a result, drugs such as buprenorphine for maintenance and detoxification treatment, lofexidine for detoxification and naltrexone for maintenance of abstinence have become more widely available.

It is timely to remind ourselves of a few points. Firstly the UK has a treatment model based on the philosophy of harm reduction, which recognises that many drug users may not be ready or able to give up the drugs. So maintenance programmes aim to reduce the harm incurred by continued drug use until a patient is ready to quit.

Secondly, pharmacotherapy is only one of a range of interventions for the management of opioid dependence. Others include counselling, help with housing and employment, and health and lifestyle advice. Thirdly, despite a greater range of pharmacotherapies, there will still be patients who fail to respond



Michael Donne/Science Photo Library

Continued on page 18 ►

Heroin addict: young man injecting himself with a heroin solution using a hypodermic needle



completely to such interventions and continue to use illicit drugs.

Community pharmacists providing services for drug misusers are likely to be most familiar with methadone. In two articles we will expand on newer therapies and their place in the management of opioid dependence.

This article will look specifically at buprenorphine, while the next article will review other pharmacotherapies such as lofexidine, naltrexone and diamorphine. Later in the year a third article will look at the practical aspects of dispensing many of these treatments, in particular supervised consumption and instalment prescribing.

## Background

Buprenorphine has been available in the UK for decades as Temgesic, licensed for the management of pain. In the 1990s, however, the tablets became widely misused by injecting drug users and since then there has been a general wariness about prescribing buprenorphine. In 1998, buprenorphine was licensed in the UK for the management of opiate dependence, as Subutex sublingual tablets (400 microgram, 2mg and 8mg tablets) to be used at doses much higher than that used for analgesia.

There is a considerable body of evidence that buprenorphine is effective as an opioid substitute in the maintenance therapy of heroin dependence (recent reviews, see references) and also as an aid to withdrawal (*Gowing et*



**Subutex – buprenorphine licensed for opiate dependence**

*al*, 2000). From April 2000, approval was granted for buprenorphine (as Subutex) to be prescribed and dispensed in instalments using forms FP10HP (AD) (pink – England and Wales) or FP10MDA (blue – England only), which has resulted in much wider use of this drug in the treatment of drug dependence.

In the UK, there are no national guidelines on buprenorphine use. Local guidance has been published by Berkshire Substance Misuse Protocol Group and Brent, Kensington & Chelsea and Westminster (available in the CPPE open learning course advising on appropriate treatment interventions). Both are based on guidelines developed by Dr Chris Ford, soon to be available through the Royal College of General Practitioners. The Berkshire guidelines and the CPPE pack also give detailed guidance on supervised self-administration of

buprenorphine (to be discussed in a future article).

## Characteristics

Buprenorphine is a partial agonist at the mu opiate receptor. It has high affinity for these receptors, but low intrinsic activity. This high affinity is responsible for its capacity to precipitate withdrawal features if taken in the presence of other opioids.

Buprenorphine displaces other opioids from the mu receptor (high affinity), but produces less opiate activity at the receptors. This rapid reduction in opiate effects can be experienced as withdrawal symptoms. As we will see later, this has implications for transferring a patient from methadone or heroin to buprenorphine. Buprenorphine reduces the effects of other opiates (such as heroin and morphine) because its high affinity prevents other opiates from binding to receptors.

It is also safer in overdose as it has a ceiling effect for respiratory depression, and overdose deaths from buprenorphine alone are rare. However, in combination with benzodiazepines and alcohol, for example, overdose can occur. As naloxone (an opioid antagonist used to reverse the respiratory depressant effects of opioids) is less effective at reversing buprenorphine overdose, ventilatory support is required to manage overdose in these patients.

## Pharmacology

Because of extensive first pass metabolism, buprenorphine is not effective when swallowed, hence dosing is sublingual. Peak plasma levels are reached at around one hour, but patients subjectively experience this at around two to four hours. Buprenorphine has a long elimination half-life and is clinically effective for up to 48-72

hours at high doses (for example, over 12mg per day).

It may be given on alternate days or three times a week to those on maintenance treatment, although not all clients can stabilise on alternate day dosing. Metabolism is via the cyp3A4 enzyme system and glucuronidation in the liver, leading to a number of potential drug interactions.

## Precautions

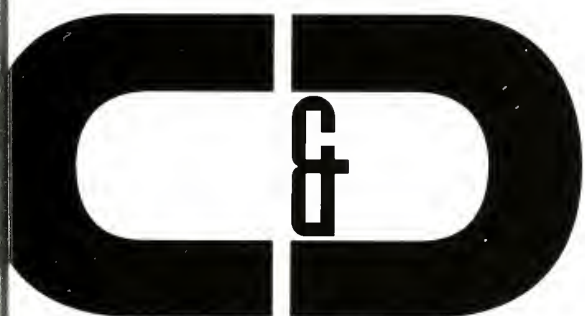
Because of buprenorphine's capacity to precipitate withdrawal symptoms, when starting the drug in the presence of other opiates patients may experience symptoms that can threaten their motivation to continue with treatment. This effect will be worsened if the patient tries to use other opiates (such as heroin and methadone) "on top" of their buprenorphine. Pharmacists have a valuable role here and can significantly influence the success of treatment by taking time to explain precipitated withdrawal and the problems of continued opiate use to the patient at the outset.

Common side effects include drowsiness, constipation, headaches, difficulty in sleeping, lack of energy or weakness, nausea and vomiting, fainting and dizziness, drop in blood pressure, and sweating. During treatment induction, sedation may impair the ability to drive, although in practice many patients remark that they feel much clearer-headed on buprenorphine than when on methadone; this can be a great help for patients who are in employment. Clinically significant drug interactions are mainly with other respiratory and CNS depressants, which pose a potential risk of overdose, and



**Injecting drug users misused buprenorphine in the 1990s**





Chemist Druggist

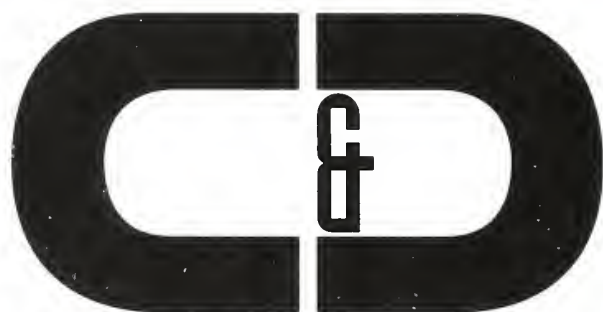
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## Number 5:

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SSRIs were the first class of antidepressants created specifically to manage depression. Though MAOIs and TCAs are still in use, SSRIs are first choice because of their greater safety and tolerability profile.

### Indications

Paroxetine has the most licensed indications of the five drugs in the group. It is licensed to treat:

- depression
  - panic
  - obsessive compulsive disorder
  - social phobia
  - post traumatic stress disorder.
- Fluoxetine's licence includes post-menopausal depressive disease and bulimia nervosa. The licences for citalopram and sertraline include prevention of relapse and recurrence of depression.

### Paroxetine dose

Initiation: 10-20mg daily  
Maintenance: 20-40mg daily  
Maximum: 60mg daily

SSRI doses are titrated upwards for most indications. In panic, anxiety or agitation, start with a low or very low dose and increase slowly. Higher doses are given for eating disorders.

### SSRI response time

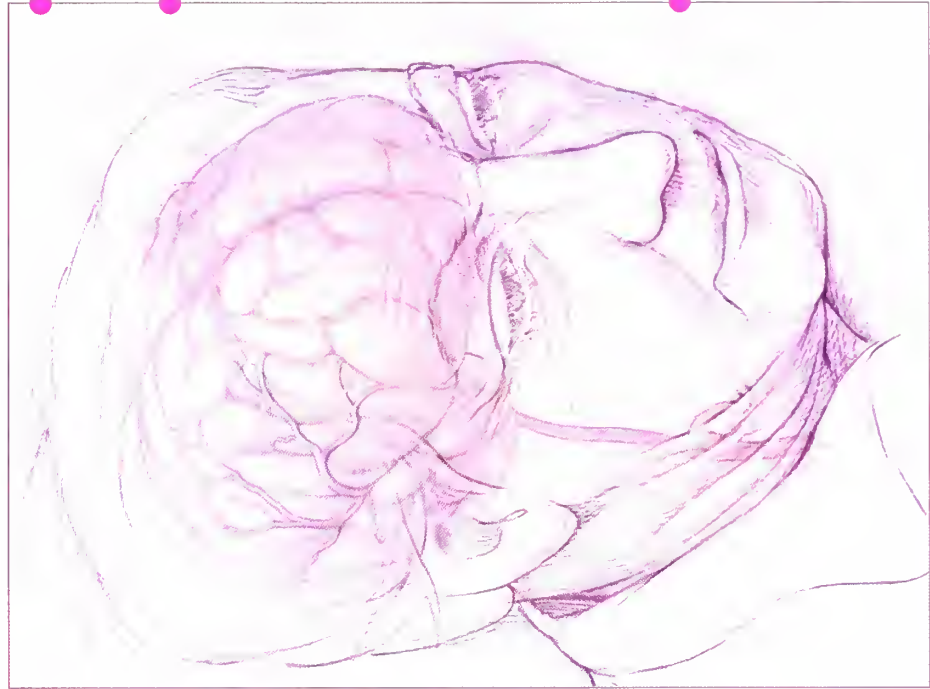
Depression – 3-8 weeks  
OCD – 12-26 weeks  
Panic – can worsen initially, but response at 3-8 weeks  
Bulimia – quicker response than in depression.

### Drug interactions

Interactions via Cytochrome P450 enhance toxicity:  
Paroxetine - warfarin, dextromethorphan  
Fluoxetine - phenytoin, TCAs, warfarin, carbamazepine, clozapine  
Fluvoxamine - theophylline, TCAs, warfarin, carbamazepine, clozapine.  
Concomitant use of lithium or triptans leading to CNS toxicity is not a P450 interaction, but a CNS stimulating effect.

### Serotonin effects

SSRIs enhance serotonin activity within the brain. A variety of serotonin receptors are responsible for the actions and side effects of SSRIs.



**Efficacy:** In depression, eating disorders, panic and OCD.

**Sleep disturbance:** All SSRIs can cause insomnia and hence are usually given in the morning. Some patients may experience sedation.

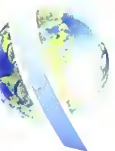
**Sexual dysfunction:** SSRIs can interfere with sexual function, causing reduced libido, impotence and failure to ejaculate.

**Panic and anxiety:** SSRIs can initially cause anxiety, but are anxiolytic in the longer term. Short courses of benzodiazepines often used in conjunction with SSRIs during initiation.

**Nausea and vomiting:** Direct action on the chemoreceptor trigger zone causes nausea, but vomiting is rare.

**GI cramps:** Serotonin receptors within the gut wall are responsible for diarrhoea, cramping and changes in gut motility.





# FORMULARY FACTS

## Paroxetine



### Symptoms

#### Biological features of depression in over 90% of patients

- Sleep – initial insomnia, terminal insomnia (early morning waking) and broken sleep.
- Weight loss – reduced appetite and weight loss.
- Constipation – common in depression.
- Amenorrhoea.
- Reduced libido.

Less than 10% may present with opposite features – hypersomnia and/or weight gain.

#### Mental state and appearance

- Facial – downturned eyes, drooping corners of mouth, facial furrowing, poor eye contact and stooped shoulders.
- Behaviour – poor self care and personal hygiene.
- psychomotor retardation, slow speech and long pauses.
- Mood – low and sad with feelings of helplessness. Anxiety, irritability and agitation may occur. Anhedonia (inability to feel enjoyment) and loss of interest in activities and hobbies.
- Thoughts – pessimistic. Look out for suicidal and homicidal thoughts. Obsessions may occur secondary to depression.



Unrealistic and excessive worry over life circumstances. Physical symptoms common and functional impairment occurs.

Patients can often identify a focus or cause. Manage with support, counselling and SSRIs.



### Paroxetine

Sudden unexpected panic with intense fear (often of dying), with choking, palpitations and sweating. Catastrophic thinking and feelings of impending doom. Secondary avoidance behaviour affects daily living.

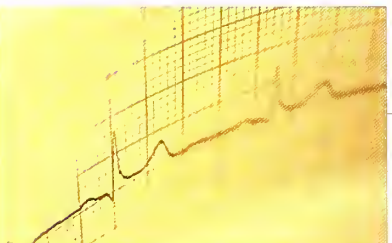
Random attacks, often with no focus or cause. Patients develop a fear of the fear. Manage with reassurance, relaxation, benzodiazepines, beta-blockers and SSRIs.

### Paroxetine

- A quarter of depressed patients suffer panic attacks.
- Three quarters of anxiety patients suffer panic attacks.
- Half of all panic patients suffer from depression.

#### SSRIs – the evidence

- Evidence for safety and risk of death from overdose favours SSRIs over TCAs and MAOIs.
- Evidence for efficacy of SSRIs shows equivalence though not superiority over TCAs.
- TCAs show superior efficacy in resistant/severe depression.
- Variable efficacy within the SSRI group.
- Changing drugs within group for treatment failure still controversial.
- Some support for swapping within class where tolerability, rather than efficacy, is a problem.
- Majority of side effects are short to medium term.





**Wyeth**

**Cambridge Counterpart**  
Pharmacy Assistant Development



# The knowledge

Cambridge Counterpart is the complete guide to working on the medicine counter

The Cambridge Counterpart training course has given over 10,000 pharmacy assistants the knowledge they need to work professionally and effectively on the medicines counter. It remains the easiest to use and the best value training course for counter assistants.

Counterpart's 14 distance learning modules are accredited by the College of Pharmacy Practice.

## How to register

Each assistant must be registered for telephone marking and certification at a cost of £35.25. Each assistant will also need access to a training pack. A pack costs £23.50 and can be used by up to four assistants.

Just complete the application form below and post it to us with a cheque, or alternatively call with your credit card details.



Pharmacist

Pharmacy

Address

Post Code

Telephone

Fax

Course registration fee of £35.25 per person

Name £

Name £

Name £

Name £

Sub total £

Please include ( ) sets of modules at £23.50 each £

Total £

All prices include VAT

Post your completed form, with a cheque payable to CMP Information Ltd, to: Mary Prebble, Pharmacy Editorial Projects, Sovereign House, Sovereign Way, Tonbridge, Kent. TN9 1RW

**For further information, or to make a credit card payment, contact Mary Prebble on 01732 377269**

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drugs metabolised by the same enzymes.

Use of buprenorphine is contraindicated in patients with severe respiratory or liver problems, under 16-year-olds or breast-feeding women. Its licence does not cover use in pregnancy. However, some practitioners have chosen to do so and the manufacturers have asked for all cases of buprenorphine use in pregnancy to be reported to them (contact Sehering Plough drug safety officer, tel: 01707 363773). Obviously, if an adverse reaction is suspected pharmacists should report via the yellow card system.

## Clinical uses

Buprenorphine is licensed for use both as a maintenance therapy and in detoxification regimes in opiate dependent patients. The addition of buprenorphine as a pharmacotherapy has given both doctors and patients another choice of treatment. Many patients cannot tolerate the side effects of methadone and buprenorphine may be more acceptable.

Buprenorphine maintenance has been shown to be effective and acceptable to users. Two meta-analyses of buprenorphine treatment (Barnett *et al*, 2001; West *et al*, 2000) provide a more in-depth look at the evidence.

Buprenorphine is also suitable for detoxification regimes, where a patient wishes to stop using opiates. Patients report that it is easier to detoxify from buprenorphine than methadone (although there is little evidence available other than anecdotal) and that withdrawal symptoms are less severe than withdrawing from medications such as clonidine (Gowing *et al*, 2002).

## Starting on buprenorphine

Patients can be transferred to buprenorphine from heroin or from methadone, but in either case they will need to be in opiate withdrawal when starting buprenorphine in order to avoid or minimise precipitated withdrawal.

As a guide, patients transferring from illicit heroin are requested to abstain from using heroin for at least six hours and from methadone for at least 24 hours before commencing buprenorphine. Those on methadone maintenance will have their daily dose reduced to 30mg or less per day.

Initial doses of about 2–8mg of buprenorphine can be used,

depending on the outcome of assessments. Doses may increase by 2–4mg each day for the next two to three days – depending on symptoms. Most patients are maintained satisfactorily on 12–24mg, which can generally be achieved by the third or fourth day of treatment.

Occasionally doses may need to be increased at the rate of 2–4mg daily up to a maximum of 32mg, and severity of dependence is only one of the factors that impacts on dose. In practice, such high doses are used only when patients are receiving doses combined as an alternate day/three times a week therapy.

Doses over 32mg per day



**Buprenorphine can be used for heroin withdrawal**

should not be used, as there is a lack of experience and evidence for them.

## Heroin withdrawal

An opiate detoxification (withdrawal) can be undertaken using buprenorphine. Australian guidelines on buprenorphine detoxification from heroin recommend a relatively short regime of around eight days, using doses of 8–12mg and reducing gradually to zero over this period, while the Berkshire and BKCW guidelines include withdrawal regimes varying in duration between seven and 36 days.

Other medications are not usually required during buprenorphine withdrawal. Although some clients may benefit from one or two doses of a hypnotic over the course of the withdrawal, in general such medications are best avoided.

However, it is important to remember that this is just the start of a long road to maintaining abstinence and relapse prevention therapy, and the prescription of the opioid antagonist naltrexone may be considered. Clients who

do not successfully stop using illicit drugs during a withdrawal programme should consider transferring to maintenance buprenorphine treatment at adequate doses.

## Withdrawal from buprenorphine

(after opioid substitution maintenance treatment). A longer period of withdrawal is required for buprenorphine or methadone maintenance patients, and doses should be reduced gradually over a period of weeks. For example, patients on a maintenance dose of 16mg can be withdrawn using a 2–4mg reduction in dose over one or two

weeks. Those on lower doses can be withdrawn by reducing the dose by 2mg per week or fortnight.

In practice, as with methadone withdrawal, there is little point in forcing patients to withdraw more quickly than they can cope with, if the alternative is to start using illicit drugs again. Conversely, if a patient continues to use illicit drugs and cannot be stabilised on buprenorphine (or methadone) then a withdrawal regime may need to be instigated until such time as the patient is ready to engage more fully in treatment.

## Conclusion

Although there has been considerable reluctance to use buprenorphine in the UK after the experiences with Temgesic in the 1980s, the drug is becoming more widely prescribed and is becoming a treatment option in many specialist treatment agencies. In general, it is advisable for specialists to start treatment, although continued care by GPs under shared care protocols is becoming the norm. Berkshire protocols provide clear advice on this.

For pharmacists the dispensing of Subutex will become a more frequent occurrence and, as usual, they need to be vigilant regarding patient safety and should be involved in communication with other health professionals. Ideally they will be working as part of the shared care team, when they will have a significant contribution to make in ensuring the safe and appropriate use of this useful alternative to methadone in the treatment of opiate dependency.

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Janie Sheridan is associate professor, School of Pharmacy, Faculty of Medical and Health Sciences, The University of Auckland, New Zealand. She is this year's recipient of the C&D Practice Research Award. Marion Walker is joint divisional head of substance misuse for Berkshire Health Authority. She won the C&D/Glaxo Wellcome Practice to People Award in 1998 and was given £1,500 to develop a needle and syringe exchange scheme.

The authors would like to thank Dr Nick Lintzeris, honorary lecturer, National Addiction Centre, Institute of Psychiatry, King's College London, for help with this article



# New COX2 research demonstrates 'safety'

Two new studies in the *BMJ* have demonstrated that COX2 inhibitors may be safer than traditional non-steroidal anti-inflammatory drugs.

The first study was a systematic review of nine randomised controlled trials that had compared at least 12 weeks' treatment of celecoxib with other NSAIDs or placebo.

This showed that celecoxib was as effective as the other drugs but the rate of withdrawal from the trials due to adverse gastrointestinal events was 46 per cent lower.

Also, in those taking celecoxib the incidence of ulcers detectable by endoscopy was 71 per cent lower and the incidence of



Coxibs may be safer for the elderly

symptoms of ulcers, perforations, bleeds and obstructions was 39 per cent lower.

The second paper was a report of an observational cohort study

that compared the rates of upper gastro-intestinal haemorrhage in elderly patients taking celecoxib, rofecoxib or other non-selective NSAIDs.

The COX2 inhibitors were associated with a significantly lower risk of GI haemorrhage.

However, the risk with rofecoxib was higher than that for celecoxib.

Dr Roger Jones, Wolfson professor of general practice at Guy's, King's and St Thomas's School of Medicine, said in an accompanying editorial that many questions remain unanswered and more research is needed before doctors can make rational decisions about the drugs.

For more information:

[www.bmj.com](http://www.bmj.com)

## Sildenafil 'promising' for lung function

Sildenafil has been found to be a "promising candidate" for long-term treatment of secondary pulmonary hypertension in lung fibrosis.

A small randomised controlled trial showed that an oral dose of 50mg sildenafil had similar potency to intravenous epoprostenol.

Sildenafil also had a selectivity for well ventilated areas of the lung resulting in an improvement in gas exchange.

For more information:

[www.thelancet.com](http://www.thelancet.com)

## HRT evidence reviewed

Hormone replacement therapy may not protect against coronary heart disease and may be associated with an increased risk of stroke, according to a review in *The Lancet*.

Researchers reviewed existing data, including results from the Women's Health Initiative study, on the effects of HRT on seven life-threatening conditions.

Evidence from the four HRT trials, which included over 20,000 women followed up for around five years, showed that HRT users are at an increased relative risk of breast cancer, pulmonary embolism and stroke.

HRT was found to be effective against colorectal cancer and hip fracture. There were no significant differences in the risks



HRT users may be at risk of stroke

of endometrial cancer or CHD and not enough data to assess the relationship between HRT use and rarer diseases such as ovarian cancer.

For more information:

[www.thelancet.com](http://www.thelancet.com)

## SSRIs do not benefit most with PMDD

Only a minority of women (3-5 per cent) have premenstrual symptoms of a severity that has been shown to benefit from treatment with a selective serotonin reuptake inhibitor, according to the latest *Drug and Therapeutics Bulletin*.

Premenstrual dysphoric disorder is where the symptoms are dominated by severe disturbances of mood and behaviour. Fluoxetine is the only SSRI licensed for the treatment of PMDD in the UK. PMDD must

be confirmed prospectively by means of daily diary ratings of symptoms over at least two consecutive cycles. These should show clear evidence of worsening during the 14 days preceding the onset of the period with at least one week free from symptoms in the first half of the cycle.

Prospective diary records help to distinguish PMDD from other disorders, such as major depression or anxiety disorders, which often co-exist with PMDD.

Evidence of benefit is strongest

for fluoxetine and sertraline (unlicensed indication) but applies only to highly selected patients, without co-existing disorders, who are motivated to complete demanding symptom diaries.

Symptom relapse is usual when treatment is stopped, implying a possible need for long-term therapy but there is little evidence of efficacy or safety on treatment lasting more than six months.

For more information:

[www.which.net](http://www.which.net)

DTB Vol 40, No 9, September 2002

## Scriptlines

### New POP from Organon

Organon Laboratories is launching Cerazette, a progestogen-only contraceptive, this week.

Each tablet contains desogestrel (75mcg). The dose is one tablet at the same time every day. If a tablet is taken more than three hours late additional contraception should be used for the next week.

There are no tablet-free days and a new blister pack is started the



day after the previous one is finished. Bleeding irregularity has been reported in up to 50 per cent of women and is more common than with other POPs. Other common side effects include acne, mood changes, breast pain, nausea and weight gain. Interactions can occur with enzyme-inducing drugs and additional contraception is recommended with concurrent treatment.

Price: £8.85

Pack size: 3x28 tablets

Pip code: 289-7585

Organon Laboratories Ltd

Tel: 01223 432 700.

### HRT patch launched

Merck Pharmaceuticals has launched a hormone replacement therapy called FemSeven Sequi transdermal patch.

It is indicated for oestrogen deficiency symptoms in post-menopausal women who still have their uterus.

Each treatment cycle consists of one phase 1 patch (estradiol) once a week for the first two weeks, followed by one phase 2 patch (estradiol and levonorgestrel) once a week for the following two weeks.

Price: £9.98 (4), £28.44 (12)

Pack size: carton of 4 or 12 patches

Pip code: 287-0178 (4), 287-0186 (12)

Merck Pharmaceuticals

Tel: 01895 452200.



### Fragrance for men to Crave

This week sees the launch of Crave – a new men's fragrance from Calvin Klein.

Crave is a fresh, clean fragrance in sleek, modern packaging featuring a stylised male symbol as the brand icon.

Australian born Travis will be the face for the fragrance in an advertising campaign which begins in October.

Travis is featured in both the TV commercial, which was shot in New York, and the print campaign which shows him in a room filled with a variety of gadgets and high-tech toys.

The campaign is designed to appeal to men who 'crave' gadgets, sports, music and sex.

**For more information:**

Calvin Klein Cosmetics  
Tel: 020 7361 4400.

### Lanes breathes easy and rubs it in

Lanes is introducing a decongestant vapour rub in the Olbas range.

Olbas Vapour Rub is formulated to release soothing natural vapours for clear and easy breathing.

It can be massaged directly on to the skin or added to a bowl of hot water and inhaled.

Packaging is in a mess-free, easy-to-use tube.

The product will be supported by a £345,000 advertising campaign which will include nationwide TV advertising.

A national 'genie' consumer campaign will be run with 'Make a wish' – an international charity that grants wishes to children living with life-threatening illnesses.

Consumers will be asked to nominate someone who has done

something for others or acted selflessly.

Five regional winners will each receive a luxury holiday package and attend an all-expenses paid grand final ceremony in London.

The overall winner will be crowned as the Olbas Vapour Rub Genie and grant the wish of a child living with a life-threatening illness.

**Price: £2.39**

Pack size: 40g

Pip code: 287-9914

G R Lane Health Products Ltd  
Tel: 01452 507458.



### Sperm men are a winning team

SSL International has scooped another award for its Durex advertising campaign featuring the 'sperm men'.

The Durex campaign, which included TV and press advertising, won the Consumer Campaign of the Year at the Media and Marketing Awards.

The judges felt that the campaign "repositioned the brand away from 'something my dad uses' to being relevant to young people".

The TV commercials 'Square' and 'Estate Agent', which were directed by Daniel Kleinman, introduced the now infamous 'sperm men' to the British public and were used across Europe. Since then, the 'sperm men' have been seen at numerous events including the MTV dance awards.

The campaign has already won a Silver Lion, the equivalent of an Oscar, in the film category at the advertising industry awards in Cannes.

**For more information:**

SSL International plc  
Tel: 0161 654 3000.



### A fresh fruit taste from Remegel

SSL International is launching a new fruity flavour in the Remegel range.

Summer Fruit chewy indigestion squares have been introduced due to increased customer demand for different flavoured indigestion relief.

The Remegel range also includes Remegel Original (mint) and Wind Relief tablets which contain simethicone.

● Remegel sales have grown 9 per cent year-on-year in the £101.9 million total indigestion market (Information Resources y/e June 2002)

**Price: £0.95 for 8, £2.35 for 24**

Pip code: 288-7024 for 8, 288-7032 for 24

SSL International plc  
Tel: 0161 654 3000.

### Roche to raise awareness of diabetes monitoring

Roche Diagnostics is investing £1 million in the first-ever TV advertising campaign for Accu-Chek Advantage and Accu-Chek Compact.

The blood glucose monitoring systems will be advertised during popular daytime shows on Channel Four this autumn.

Accu-Chek Advantage will be on air from October 1 to be replaced by a commercial for Accu-Chek Compact from November 14.

The aim of the campaign is help raise awareness of diabetes monitoring systems amongst people with diabetes.

It is also designed to help reassure any recently diagnosed individuals who may be concerned about the impact of diabetes on their lives.

Diabetes UK estimates that there are 1.4 million people in the UK with the condition as well as another 'missing million' who are unaware they have diabetes.

● From October 1 to December 31 all three Accu-Chek systems – Advantage, Active and Compact – will retail at £5 cheaper than usual.

**For more information:**

Roche Diagnostics Ltd  
Tel: 01273 480444.

### Read all about eczema

A health information book on eczema has been published in the Family Doctor Series in association with The British Medical Association.

*Understanding Eczema* is written by Dr David de Berker for people who want to know more about eczema, either because they have it themselves or because it affects a relative or friend.

The book is particularly detailed in covering atopic eczema in

childhood which is the most common type of eczema.

The objective of the book is to help people understand eczema, how it arises, the principles of treatment and what professional help is available.

Family Doctor reference books are sold through pharmacies.

**Price: £3.50**

Pip code: 290-2112

Family Doctor Publications  
Tel: 01202 668330.



**SENOKOT DOUBLE STRENGTH ESSENTIAL INFORMATION:** Active ingredients: Each tablet contains standardised senna (sennosides) in three equal doses. **Indications:** Relief of occasional or infrequent constipation. **Dosage:** Senokot Double Strength: Adults and children over 12: One to two tablets during night. Children 12 and under: To be taken only for a short time. **Contraindications:** Do not use if you have severe dehydration, severe abdominal pain, or if you are pregnant or breastfeeding. **Precautions and Warnings:** If there is no bowel movement after three days consult a doctor. If laxatives are needed every day or abdominal pain persists consult a doctor. **Side Effects:** Temporary mild cramping may occur during change of bowel movement. **Special Advice:** Do not take Senokot Double Strength if you are pregnant or breastfeeding. **Contains:** 24 tablets. **Pharmacist's Advice:** Senokot Double Strength is a laxative. It should be used only for occasional constipation. Do not use it if you have severe dehydration, severe abdominal pain, or if you are pregnant or breastfeeding. **Caution:** Do not use if you have severe dehydration, severe abdominal pain, or if you are pregnant or breastfeeding. **Contains:** 24 tablets. **Pharmacist's Advice:** Senokot Double Strength is a laxative. It should be used only for occasional constipation. Do not use it if you have severe dehydration, severe abdominal pain, or if you are pregnant or breastfeeding.

# Senokot has gone from strength to strength




## Senokot Double Strength

Constipation is different in everyone.

Some people are relieved by lower strength constipation treatments, others need extra strength remedies to stimulate the colon. New pharmacy only Senokot Double Strength can work overnight to gently and thoroughly relieve troublesome constipation the next day. So for extra strength in sales, and predictable relief for your customers, remember to stock, display and recommend new Senokot Double Strength.



### Witch makes a clean sweep

The Witch facial skincare range is being extended to include a deep cleansing face wash.

Witch Exfoliating Face Wash combines natural witch-hazel with micro-granules that have a 'breakdown' action to gently deep cleanse pores, dissolving oil and grease.

The product has added vitamin E and skin conditioners to leave skin feeling cool, smooth and refreshed.

The brand is being supported by a £3 million advertising campaign in 2002. The 'Nicknames' TV commercial is currently on air and a new press campaign will appear in women's magazines until the end of the year.

**Price: £3.99**

Pack size: 150ml tube

Pip code: 289-0879

E C De Witt & Co Ltd

Tel: 01928 579029.



### See the light Luscious lips from Bourjois

Collection 2000 is launching a light diffusing foundation range in Superdrug and Lloyds this week and will extend the distribution into independent pharmacies from January 2003.

Collection 2000 Light Diffusing Foundation is formulated with light-reflecting particles to help create a softer, brighter complexion.

It also contains vitamin E to provide additional conditioning benefits and UVA and UVB sunscreens.

The product provides medium coverage and comes in four shades - Cameo, Soft Honey, Warm Honey and Caramel.

**Price: £2.99**

Pack size: 30ml

Collection 2000 Ltd

Tel: 01695 727317.

Bourjois will launch a collection of glossy lip colours on December 26.

Effet 3D lip gloss is designed to provide long-lasting translucence with an iridescent, glossy effect.

The product is formulated to be light reflecting and three-dimensional to give the effect of maximum fullness.

The range comes in four subtle shades in soft, natural tones - Rose Antic, Chair Authentique, Miel Fantastique and Framboise Excentric.

**Price: £6.75**

Bourjois Ltd

Tel: 020 7436 6110.

### Wella Silvikrin makes TV comeback in style

October will see Wella Silvikrin's return to TV for the first time in seven years.

The company is supporting the hair styling range with a £2.9 million advertising campaign targeted at women aged 35-45.

A lighthearted TV commercial featuring the Wella Silvikrin 24 Hour Volume Blow Dry Spray will be on air from October 7 for four weeks.

Entitled 'If only', the commercial shows a woman wishing she could

have fuller lips and a larger cleavage but being relieved she can at least have fuller hair.

Press advertising will appear for the entire Wella Silvikrin range in women's magazines from October.

Eye-catching point of sale material is available and in-store activity includes promotions aiming to encourage regime usage.

**For more information:**

Wella Great Britain

Tel: 01256 320202.

## TVnext week

**AquaBan:** GMTV

**Bassett's Soft & Chewy Vitamins:** GMTV, C5, Sat

**Listerine:** All areas except U, Y, A, CTV, M, TT

**Lucozade Sport:** All areas except U, CTV, GMTV

**Seven Seas NeutraTaste:** A, B, G, Y, W, M, LWT, TT

**Seven Seas Pure Cod Liver Oil:** C4

**Syndol:** C, C4, GMTV

**Zantac:** All areas except U, CTV, GMTV

**PharmaSite for next week:** Ex-Lax - Window, Ex-Lax - In-store, Ex-Lax - Dispensary

A-Anglia, B-Border, C-Central, C4-Channel 4, C5-Channel 5, CAR-Carlton, CTV-Channel Islands, G-Granada, GMTV-Breakfast Television, GTV-Grampian, HTV-Wales & West, LWT-London Weekend, M-Meridian, Sat-Satellite, STV-Scotland (central), TT-Tyne Tees, U-Ulster, W-Westcountry, Y-Yorkshire

# THE VICKS FAMILY 2002\*



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## BeWell LTD

Tel: 0117 930 0818

e-mail: bewell@bewell.co.uk

89 The Bluebells  
Bradley Stoke  
Bristol BS32 8BD



# Important Announcement

You may be aware that from 7 October, the following products will cease to be licensed medications:

***Efamast 40mg capsules***

***Efamast 80mg capsules***

***Epogam 40mg capsules***

***Epogam 80mg capsules***

***Epogam Paediatric.***

The withdrawal follows a review by the MCA/CSM of all the relevant information, which does not support the current standard of efficacy required for authorisation of these products as medicines for the treatment of eczema and mastalgia.

These products can still be dispensed against a prescription request and existing stocks of these products will not be cleared from pharmacy shelves. New stock will not be supplied after 7 October 2002.

NHS reimbursement will continue while stocks are being exhausted from retail pharmacy outlets.

Pharmacia would like to assure pharmacists that there is no safety issue for patients taking Efamast, Epogam or Epogam Paediatric. Evening Primrose Oil is available as a food supplement for those who wish to take it.

The Medicines Control Agency has recommended that patients taking Epogam or Efamast should have their treatment reviewed at their next routine check.

Pharmacists can purchase sufficient stocks of Efamast and Epogam from their wholesaler to meet any prescription demand and ensure a managed transition to alternative therapies. Stocks will need to be purchased before 7 October, as no stock will be available after this date.

Once prescriptions are exhausted, should you have any remaining products, this will be refunded by Pharmacia Ltd, at NHS list price. Details of how to claim refunds will be made available in the C&D at the appropriate time.



**PHARMACIA**

Pharmacia Limited, Davy Avenue,  
Knowlhill, Milton Keynes,  
Buckinghamshire MK5 8PH



# Veno's brings in a cold front

Veno's cough range will be on TV this winter with sponsorship of the Channel 5 weather.

The £350,000 campaign will run from late September until the end of December with three slots per day – from lunchtime to early evening.

One of four 10-second credits will be seen at the beginning and end of each Channel 5 weather report.

The animated characters – Sun, Snowman, Cloud and Cockerel weather vane – are all struck with a cough until they discover Veno's.

Each character highlights one of the three Veno's variants – Chesty, Dry and Tickly.

The strapline 'Cough Care by Veno's' is designed to demonstrate that Veno's is a caring brand with a trusted heritage.



### For more information:

GlaxoSmithKline Consumer Healthcare UK  
Tel: 020 8047 2700.

# Gillette's Christmas all wrapped up

Gillette is launching six MACH3/Gillette Series gift packs for Christmas to suit a broad base of consumers with differing budgets.

The gift sets range from a two-piece Arctic Ice Body Fresh gift pack (£4.99) combining Gillette Series Shower Gel with Gillette Series Anti-Perspirant Deodorant to the Gillette Travel Bag (£14.99) containing a MACH3 razor and handy sizes of Gillette Series Shave Gel, Shower Gel and After Shave Gel.

### For more information:

Gillette UK Ltd  
Tel: 020 8560 1234.

# Gift set with girl power

Wilkinson Sword has designed a Christmas gift set targeted at young, fashion conscious girls aged 14-24.

The Lady Protector+ Christmas gift set comprises a Lady Protector+ razor plus three compact lipsticks in Crimson Crush, Bronze Shimmer and Candy Pink.

The set is presented in colourful lilac packaging.

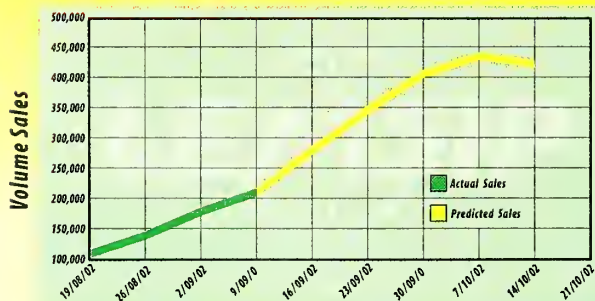
### Price: £5.00

Wilkinson Sword Ltd  
Tel: 01494 533300.

# LEMSIP

SUPPORTING PHARMACY

## SALES FORECAST



## LEMSIP'S COLD AND FLU SALES FORECAST

Lemsip continues its support of pharmacy this year by providing pharmacists with a sophisticated Sales Forecast. This forecast will be published every fortnight in C&D throughout the winter months. The forecast tracks the cold and flu season by providing the past four weeks of actual cold and flu sales and predicting forward the next five weeks of sales. Every two weeks this forecast will be updated with the most recent forecast.

The information provided in the Lemsip forecast will help pharmacists by assisting them to:

- Predict forthcoming peak sales
- Make sure products are merchandised on shelf at the right time
- Prevent out of stocks

### Forecasting

The forecast is generated through a complex computer programme that tracks Lemsip cold treatments EPOS sales throughout the cold and flu season. Six years of cold and flu back data is used to produce an initial template together with a wide range of values to represent parameters. Live EPOS Data is then fed into the forecast and quickly refines the forecast every week. A statistical model is then used to generate wider category sales.

### Accuracy

The Lemsip Sales Forecast is a sales based forecast that provides a more accurate picture of the season compared to other anecdotal forecasts that rely on a sample of people recording their cold and flu incidence. The 2000/01 Lemsip cumulative forecasts were 95% accurate at 4 weeks out.

### Commentary

We are currently experiencing the first peak in the cold and flu season. One of the reasons for this sales peak is that children have returned to school and the increased social contact usually results in a high incidence of colds. As students return to university over the next few weeks sales are expected to continue rising as 'fresher flu' strikes again!

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Business Matters is written by Dr Terry Maguire. Dr Maguire is a proprietor pharmacist who has been director of the Northern Ireland Centre for Pharmacy Postgraduate Education and Training, and president of the Pharmaceutical Society of Northern Ireland. He is a director of the Pharmacy Healthcare Scheme and sits on the Medicines Commission.

The book is accredited by the College of Pharmacy Practice to deliver 20 hours of continuing education.

**VANTAGE** pharmacy



Pharmaceutical companies often miss their deadlines when testing new drugs. The use of marketing techniques to manage the recruitment of patients for clinical trials could speed things up considerably

# A test of patients



Testing new drugs is a costly and frustrating business for pharmaceutical companies. Clinical trials are difficult to manage at best, and now the genomics revolution and stricter regulatory standards are compounding the problems.

For many R&D pharma companies, managing the increasing demands of clinical trials may become the greatest obstacle to realising the full benefit of the new health technologies.

Not surprisingly, it is the clinical aspect of trials that companies concentrate on, making sure the research methodology leads to results that will stand up to the scrutiny of the Medicines Control Agency or the US Food & Drug Administration.

But a crucial element, the recruitment of patients, is often overlooked, causing expensive delays that can drain much of the sales potential from any new drug.

More than half of all US clinical trials from 1993 to 1998 missed their deadlines by at least a month. Failure to recruit enough patients in time accounted for 85-95 per cent of all days lost during clinical trials.

The fresh opportunities unleashed in the year 2000, when the human genome was finally charted, are set to increase the demand for patients in clinical trials. Drug research focuses on discovering novel targets: the receptors or enzymes in human cells through which drugs work. By mapping the genome, scientists have increased the number of potential targets from about 500 to as many as 10,000.

As more new drug targets enter the R&D pipeline, poor recruitment could lead to a bottleneck in bringing new drugs to

market expeditiously. Delays can be costly. US figures suggest at least \$800,000 a day for a niche medication like the oral anti-diabetic Amaryl, and as much as \$5.4 million for a blockbuster like Prilosec.

Some of this revenue may be recouped once a drug reaches the market, but millions of pounds in turnover can vanish if a competitor catches up or launches first. Delays can also affect a company's share price, since investors watch the progress of new drugs closely; efficient clinical trials put them on the market more quickly, so they take market share more quickly.

Finding people for trials is always hard. Often patients are not made aware or do not realise they can participate but, conversely, many potential participants are wary. Moreover, designers of clinical trials are now seeking more narrowly defined sets of patients, in part to distinguish new drugs from rivals on the market.

But the most important problem is regulatory change. Over the past decade the number of patients needed to satisfy the FDA approval process has almost doubled.

## Thinking like marketers

To get patients into trials more efficiently, pharma companies need to think like marketers. By setting a target for the number of patients needed in a trial, the R&D team essentially creates a sales challenge: to get enough patients to buy the "product" – in this case, participation in the trial.

Planning for a clinical trial begins

with the design of a protocol. This sets the criteria for patients who can be admitted to the trial, maps the treatment they will receive and establishes how they will be monitored. In addition, the protocol includes such administrative details as the handling of patient consent and the marketing of the trial.

Sites for the trial are then chosen. Typically, the final and most crucial phases in the development of a drug last at least four months and can involve up to 3,000 patients, though the number can vary depending on the disease or ailment targeted.

Earlier phases, while also time-

forcing companies to rely on the efforts of physicians.

In the UK clinical trials are predominantly hospital-based, where companies can tap into specific patient groups with greater ease. Non-patient volunteers can be recruited but public advertising for them is unacceptable.

All trials in the UK, whether hospital or GP surgery-based, must be approved by an independent Ethics Committee. Clinical researchers are obliged to follow the principles of Good Clinical (Research) Practice, now enshrined in EC Directive 91/507.

In the USA many companies use a one-size-fits-all approach to recruiting medical practices to participate in clinical trials. But some are better at bringing in patients than others and, although many companies recognise this, few have tried to

manage the 'top performers' systematically.

The first step for pharma companies is to segment doctors on the basis of how well their patients fit the protocol required by a clinical trial and their previous success in meeting recruitment targets. A practice whose clients include a high proportion of targeted patients (eg people with diabetes) could get an above average recruitment target.

Besides segmenting physicians by the number of patients they screen and enrol in a given week, and by the number of weeks they take to meet their enrolment targets, pharma companies must track the percentage of patients who pass the initial screenings and complete the trial.

**"More than half of all US clinical trials missed their deadlines by at least a month"**

consuming, involve fewer patients. Commonly, for every patient enrolled four to 10 must be screened to determine their eligibility.

Different countries recruit for clinical trials in different ways. The recruitment process in the USA generally follows two paths simultaneously. Participating physicians recruit suitable people from their patient lists while companies advertise directly for subjects, then pass pre-screened lists of candidates on to the physicians.

In the USA advertising for clinical trials is generally allowed if the message isn't misleading. Other countries have stricter regulations, and some countries prohibit direct advertising for this purpose, thus





This information permits companies to develop accurate databases of physicians who have good access to patients, the necessary infrastructure and the commitment to ensure that enough patients go on to the finishing line.

In general, the efforts of pharma companies to recruit for clinical trials are hardly sophisticated. Both the message and the media through which it is disseminated must be chosen wisely if money is to be well spent.

First, a company must create a clear profile of the target patient, including age, sex, and ethnicity. Parts of this profile might be implicit in the protocol, but a careful demographic analysis will usually make the profile more detailed. Once it is complete, companies need to know how target patients get information about clinical trials and what might serve as an inducement to take part in them.

### Coming together

Once pharma companies recognise that marketing skills are essential for bringing enough patients into clinical trials, it becomes obvious that organisational changes linking 'marketers' with R&D are needed as well. Such changes do not mean substituting brash commercialism for scientific standards, but they do require a better understanding of what motivates people to participate in clinical trials.

To focus on recruitment for these trials, a few of the largest and most successful US companies have recently established centres of excellence that include employees from clinical development, marketing and market research. The marketers have insights that were often missing or overlooked

when the trials were being designed. Such centres thus help companies complete their studies on schedule.

By contrast, in today's standard approach the manager of a clinical trial, who has overall responsibility for its success, develops the recruitment procedures. These managers are evaluated on criteria such as whether the results of a trial stand up to regulatory scrutiny. The timeliness of recruitment plays little, if any, role.

A manager should therefore be put directly in charge of recruitment for clinical trials, and that manager should be evaluated, in large part, on the ability to get sufficient numbers of patients enrolled on time.

Involving marketers early in R&D also helps ensure that recruitment considerations are included from the outset in the planning for clinical trials. Ideally, the recruitment plan should be based on input from a variety of functions. But many pharma companies regard it as unscientific to consider practicalities when they design protocols for clinical trials. Such a lack of foresight is the harbinger of delays and lost potential.

Scientific integrity, far from being compromised, is actually enhanced when practical considerations such as the availability of patients and equipment are dealt with realistically. If a highly specific protocol is necessary, companies must be aware of the inevitable constraints.

New technologies such as biomedicine are opening up vast new horizons for the pharmaceutical industry, but they can be reached only through meticulous clinical trials. To deliver value, companies must conduct them safely, thoroughly and expeditiously.

These companies can offer the greatest value to patients, physicians and investors alike by systematically improving every aspect of recruitment. Companies that pursue 'business as usual' face staggering losses. Those that get it right may reap huge rewards.

*This summary is taken from Janice Cruz Rowe, Martin E Elling, Judith G Hazlewood, and Randa Zakhary, 'A cure for clinical trials', The McKinsey Quarterly, 2002 Number 2. The full article can be found on the publication's website [www.mckinseyquarterly.com](http://www.mckinseyquarterly.com). Copyright (c) 2002, McKinsey & Company. All rights reserved. Reprinted by permission.*



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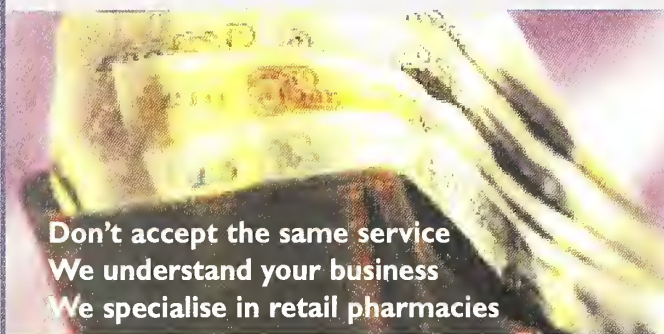
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- 1. To understand the legal framework of a community pharmacy.
- 2. To understand the financial aspects of a community pharmacy.
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**Learning objectives**

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# Rewarding research

Dr Janie Sheridan has been awarded the Practice Research Medal, sponsored by C&D, at this year's British Pharmaceutical Conference. Dr Sheridan writes about her research career so far



When I became interested in pharmacy practice research in the late 1980s HIV/AIDS was high on the agenda.

The spotlight was also on injecting drug users. Government strategy had been and continues to include harm reduction, and in this context trying to prevent the spread of HIV through contaminated injecting equipment. As with other health professionals, community pharmacy was being called upon to become more involved in such measures.

My research has, over the years, focused on documenting and developing pharmaceutical services, taking into account the views of service providers and consumers. My early research looked at the knowledge and attitudes of pharmacy undergraduates towards HIV/AIDS and drug misuse and led naturally to an exploration of the views of practising pharmacists and their drug-using patients.

However, in 1995 my research took on a wider focus. I was commissioned by the Department of Health to undertake a national community pharmacy survey. The resulting data illustrated the huge involvement of community pharmacy in services for drug users, with 50 per cent of respondents providing methadone dispensing services and 19 per cent involved in needle exchange – a huge increase since the first such survey in 1988.

Further surveys into pharmacy-based needle exchange service provision revealed a cohort of pharmacists committed to the provision of harm reduction services despite a number of difficult issues. Findings from the study also revealed that pharmacy staff were often the key people in these transactions, but had received little or no training. Since then a number of schemes have



**Professor Nick Barber, left, of the School of Pharmacy, University of London and chair of the adjudicating panel, with Dr Janie Sheridan, an associate professor at Auckland University in New Zealand, and C&D's assistant editor Charles Gladwin**

implemented or increased training for pharmacy staff.

In addition to these large surveys, smaller service development studies enabled the potential for pharmacy interventions to be noted. In particular, a study which compared the self-reported dental health of drug users with "non-drug using" customers attending community pharmacies revealed a high level of dental problems, a lack of uptake of dental services and many problems finding and registering with dentists.

In all domains, drug users had poorer dental health and less use of dentists than the "non-drug users". The potential for pharmacists to liaise with, and refer potential patients to dentists was indicated in the latter part of the study where pharmacists were able to refer drug users to dentists who had agreed to provide services for this patient group. Preliminary results indicated that 13 per cent of referrals resulted in appointments being made.

Another smaller scale study investigated the impact of

supervised consumption of methadone on pharmacists and patients. Overall, pharmacists had few problems providing such services and high levels of compliance were seen in clients. Clients, however, had a number of issues such as lack of privacy when taking methadone in the pharmacy.

Although much of my work has focused on pharmacy services we have recently completed a national survey of GP services in England and Wales for opiate misusers and are currently involved in measuring the impact of training on GPs and GP partners in their practice.

This year I made a big move to New Zealand, leaving behind respected colleagues such as Professor John Strang, who inspired me and my research over the last seven years.

Here in New Zealand I am currently involved in a study undertaking a review of methadone prescribing patterns and next year will be conducting an in-depth review of pharmacy-based needle exchange. The nature of the drug misuse problem in

New Zealand means that new areas of research have opened up, in particular investigations into stimulant misuse, and I am looking forward to being able to contribute to the health of drug users through my work with primary health professionals.

For me the essential factor in conducting research is that in some way the findings should "make a difference" to practice and I have been fortunate to have been motivated and supported by a group of outstanding practitioners and researchers. Reflecting on my research career, it has become clear to me that such findings were those which either helped overcome negative stereotyping – for example, providing services to drug users was fraught with problems and not appropriate in a primary care setting, or those which supported anecdote – such as the poor dental health of drug users and their difficulties in obtaining treatment.

Furthermore, involvement in research has allowed me to promote the role of pharmacy to policy makers and other health professionals and given me opportunities to become involved in providing much needed training and education in this field.

Drug misuse remains an immense problem. In many parts of the world the focus is now on issues such as the prevention of transmission of hepatitis C, ensuring vaccination of injecting drug users against hepatitis B and prevention of drug-related deaths. The pharmacist is often the only health professional in contact with drug users and the huge untapped potential for interventions at this point calls out to be investigated.

I hope to continue to produce quality research and pass on my enthusiasm to a younger generation of researchers.



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Diphenhydramine Hydrochloride

## Sleepability

**Product Information:** Presentation: Nytol: White, uncoated oblong caplets imprinted with an 'N', each containing 25mg of Diphenhydramine Hydrochloride BP. Nytol One-A-Night: White coated oblong caplets imprinted with 'N', each containing 50mg of Diphenhydramine Hydrochloride BP. Dosage and administration: Two 25mg caplets or one 50mg caplet to be taken orally 20 minutes before going to bed, or as directed by a physician. Not recommended for children under 16 years. Uses: An aid to the relief of temporary sleep disturbance. Contraindications: Hypersensitivity to diphenhydramine, asthma, narrow angle glaucoma, prostatic hypertrophy, stenosing peptic ulcer, pyloroduodenal obstruction or bladder neck obstruction. Precautions: Nytol and Nytol One-A-Night are not recommended during pregnancy or for lactating mothers. Concurrent use with alcohol, other hypnotics, sedatives,

tranquillizers or monoamine oxidase inhibitors should be avoided. Nytol and Nytol One-A-Night should be used with caution in patients with myasthenia gravis or seizure disorders. Nytol and Nytol One-A-Night produce drowsiness/sedation soon after dosing and will affect ability to drive/use machines. Tolerance may develop with continuous use. Side effects: Dizziness, drowsiness, grogginess, dryness of mouth, nausea and nervousness. Antihistamines have been reported rarely to cause thrombocytopenia. Legal category: P. Product licence number: Nytol: 00036/0050. Nytol One-A-Night: 00036/0069. Product licence holder: GlaxoSmithKline Consumer Healthcare, Brentford, TW8 9GS, UK. Package quantity and RSP: Nytol: £2.75 for 16 caplets. Nytol One-A-Night: £4.15 for 16 caplets. Date of last revision: January 2002. Nytol is a registered trademark of the GlaxoSmithKline group of companies.



# OVER THE COUNTER

# OTC

SEPTEMBER 2002



● Sprains and strains ● Vitamins for life ● Constipation and haemorrhoids



# Ultima

## Hold-ups

### Helping to prevent Deep Vein Thrombosis (DVT), Varicose Veins and tired, aching legs

More people than you might think are at risk from developing a DVT. For example those whose occupation involves long periods standing or sitting; people travelling on long-haul flights<sup>1</sup>; and pregnant women (around 1 in 1000 pregnant women and 2 in 1000 women post-natally will suffer a DVT<sup>2</sup>; and 15%-20% will develop varicose veins<sup>3</sup>).

That's why Scholl, the leading name in compression hosiery, has developed NEW Scholl Ultima Hold-ups.

#### The benefits for your customers...

- Class I compression can relieve tired, aching legs and swollen ankles
- Can help prevent the development of DVT and varicose veins
- Recommended for long-haul fliers at risk from developing DVT<sup>1</sup>
- Class I compression is recommended by the Department of Health for the prevention of varicose veins during pregnancy<sup>4</sup>

#### ... and for you

- All expectant mothers are entitled to free compression hosiery on prescription throughout the term of their pregnancy and for up to 12 months after giving birth
- Scholl Ultima Hold-ups can be dispensed against generic Class I thigh length prescriptions
- POR 40%
- A comprehensive set of point of sale materials

For more information, call **01565 625174** or return the coupon to: Ultima Hold-ups, SSL International, FREEPOST OL321, Tubiton House, Oldham OL1 3BR.

I would like further information about Scholl Ultima Hold-ups and how they can help prevent DVT and a set of point of sale materials.

Name

Practice Address

Postcode

Tel No:

#### References

1. The predisposing factors to DVT as identified by the House of Lords Select Committee on Science and Technology, 5th Report on Air Travel and Health 2001.
2. Letsky EA. Thromboembolism during pregnancy. In: Coagulation problems in pregnancy. Current reviews in obstetrics and gynaecology. London: Churchill Livingstone, 1985: 29-61.
3. Nabatoff RA (1960) Varicose veins in pregnancy. *Jnl Am Med Assoc.* 174, 1712-16.
4. The Drug Tariff, March 2002.

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OTC2



THE LEADING NAME IN COMPRESSION HOSIERY

SSL International pl



SUPPLEMENT TO



September 28, 2002

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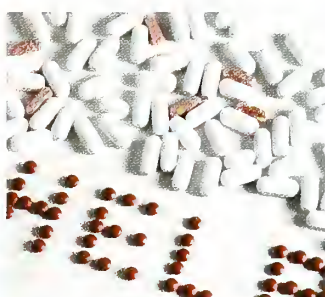
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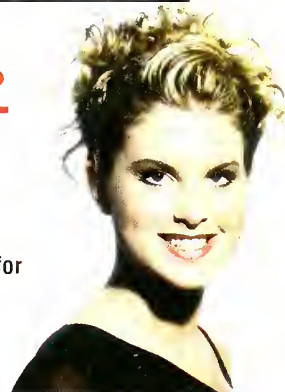
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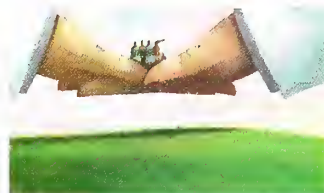
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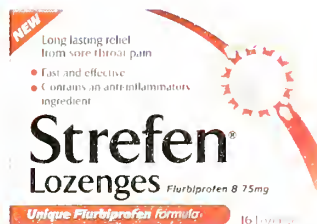
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**Strefen Lozenges (Flurbiprofen 8.75mg).**  
**An NSAID for sore throats not knees.**



Legal category: P Further information is available from: Crookes Healthcare Limited Nottingham NG2 3AA Date of preparation: July 2002.

URT0000219

CROOKES  
HEALTHCARE



# News



Government reviews, consultations and discussion papers always seem pretty remote from the everyday story of pharmacy folk.

Often they are just the very first step in a long, long process which may or may not have an impact on your job months or years down the line.

But one initiative coming up soon could have a direct influence on your working lives – and it could be sooner than you think.

The chief pharmaceutical officer for England, Dr Jim Smith, has told *C&D* that the Department of Health plans to issue a discussion paper on pharmacy issues this autumn and within it there could be plans to introduce regulation of pharmacy technicians.

He says the pharmacy workforce – and that means you! – must match people's skills to service needs and that the Government has implicitly said it would like to see some sort of regulation for pharmacy support staff such as technicians. Who the regulator will be, what standards will be set and what costs this will involve are not yet clear.

Our own research (*OTC/J&J* MSD survey, May 2000) to which so many *OTC* readers responded, has shown that almost 50 per cent of you spend some time working in the dispensary. But what qualification will you need to work there if the new proposals do come into force?

We'll have to wait and see, but, given the old adage that knowledge is power, perhaps now is the time to reconsider how you can further increase your own knowledge.

**Lesley Keen**

Supplement Co-Ordinator

## Vicky flies high at Leeds Castle

It's up, up and away for the flight of a lifetime for *OTC* reader Vicky Cutler. Vicky won our competition for a flight in the Elastoplast balloon courtesy of Flying Pictures and travelled to the Balloons and Bentleys event at Leeds Castle in Kent from her home in North Wales to take her flight.

Vicky had planned a special birthday balloon flight last year, but had that treat cancelled due to the foot and mouth outbreak. But nothing went wrong this time and she told Flying Pictures that the fabulous flight had been a day to remember



## Banta winners

Congratulations to those readers who won the super Freebie from Banta in the last issue. Each of these 20 readers will soon be receiving a set of Banta suncare products worth almost £27.00.

The winners are: Ann Barker, Stoke-on-Trent; Miss N Begium, Harlow; Julia Bright, Clacton-on-Sea; Mrs M Caine, London; Barbara Dickenson, Warrington; Marie Hopkinson, Sheffield; Mrs J Humphris, Banbury; Katherine Jacob, Abingdon; Mrs Jank, Cambridge; Mrs N Lee, Cambridge; Mrs LH Longworth, Stockport; Mrs E Marchant, Sudbury; Carla Miele, St Austell; Mrs M Miller, Kincardine; Mrs D Pagel, Cheltenham; Miss Sima R Patel, Bilston; Mrs BE Severn, Nottingham; C Toon, Wrexham; Miss J Whitham, Barnsley; Jennifer Wright, Northampton.

## Dulco-Lax asks about constipation

A MORI survey conducted for the laxative brand Dulco-Lax has revealed widespread misunderstanding of constipation.

Two out of three people did not know the symptoms of constipation, with only three in 10 mentioning infrequent bowel movements as a symptom.

Eight per cent of those questioned thought that drinking too much alcohol was a cause and a similar number believed that it could be caused by failing to eat enough protein, while a worrying three per cent believed smoking was a factor.

Midlanders are more likely to ask the pharmacist for advice on constipation than people living elsewhere in the UK, but 35 per cent of those questioned said they would



visit the pharmacy for help.

Dulco-Lax product manager Kate Dixon said many people did not realise when they were constipated or 'irregular' and fewer than half of those questioned knew that increasing fibre could help improve the problem. Only one in seven thought taking

more exercise could help.

As with piles, constipation is regarded as an embarrassing subject and nearly three-quarters of sufferers do not treat the condition.

● Turn to page 16 to see what consultant pharmacist Mary Allen has to say about constipation and haemorrhoids



## Bubbly for the winners



The August winner of the Cambridge Counterpoint pharmacy assistant training programme was Caroline Thompson, of T&K Brown Pharmacy of Anstruther in Fife. Mrs Thompson (centre), who works part-time at the pharmacy, also does voluntary work for Riding for the Disabled Association. Her supervising pharmacist, Amondo Horsburgh, is on

maternity leave, so Amondo's father and pharmacy owner Tom Brown received the second bottle of champagne presented by Elizabeth Lynch, territory manager for the sponsor, Wyeth.

The September winner is a pharmacy assistant who wants to become a doctor. Rugby-playing Ashley Sharp has been working at Cox & Robinson (Chemists) Ltd, Stoney Stratford, Milton Keynes, while studying for his A levels. Having passed with three As in biology, physics and chemistry, he has set his sights on becoming a doctor.

Ashley (centre) has been supervised while completing the counter assistant training programme for the past 10 months by pharmacist Morilyne Orr-Sobord. Both were presented with a bottle of champagne by Cambridge Counterpoint's sponsor Wyeth Consumer Healthcare territory manager Bijol Patel



## Just a walk in the park



Staff from Lloydspharmacy head office in Coventry took part in the local Walk in the Park to raise money for Diabetes UK.

The five-mile walk, at Draycote Water near Rugby, was one of 38 taking place across the country this summer, all of which are sponsored by Lloydspharmacy. The Walk in the Park was launched in 1999 and has since raised more than £230,000 for diabetes research.



Glen Thompson (centre right), owner of Wrexham's Rossett Pharmacy is pictured with, from the left: pharmacy assistant Nichola Folan; health education worker Gill Waring and Durex brand manager Amondo Tucker

## Winning Wales

Rossett Pharmacy in North Wales has hit something of a winning streak with its eye-catching window displays.

First pharmacy assistant Nichola Folan was judged the winner of the Benadryl One A Day 'Dress Your Window' competition published in C&D in April and then the pharmacy came third in a National Condom Week competition with a window display promoting the safer sex message 'Get it on'.

The winning entry for the Benadryl competition was chosen by C&D and Pfizer Consumer Healthcare's sales service manager, James Paul.

Mr Paul said: "Nichola's creative use of point of sale materials, which she combined with her own props, was extremely effective. The display was extremely eye-catching and consumer-focused."

Nichola was also pleased with the result. "Customers really appreciated the display and seemed to be more willing to discuss their allergy needs. The window really

caught the attention of customers and antihistamine sales and queries increased noticeably."

Nichola's ingenuity won the new profit-maker programme for the pharmacy and the services of a professional window dresser.

The prize for the condom week competition, organised by Durex, was 1,500 condoms – which the pharmacy is donating to the local council's sex education programme.

Glen Thompson, owner of Rossett Pharmacy, said: "We are delighted to have won a prize in this national competition and to be able to support the council in promoting the safer sex message in the local community."

The competition, which was open to schools, pharmacies and youth associations, involved putting together a display to highlight safer sex messages and the importance of using condoms. The council said the free condoms would be gratefully received by schools.

## Zi hits the tabloids

Rohto Zi, the moisturising and refreshing eye drops from Mentholatum, have received a big boost from *The Mirror's* M magazine.

Zi was one of four eye drops tested and the only one to receive the maximum rating of five 'beauty spots' and be named as 'M's choice'. The

tester said Zi "zapped eyes wide awake immediately" and added that it was also "nicely soothing and lubricating".

Of the other products tested – from Boots, Optrex and Allergan – two received just three beauty spots and one was awarded four.



## On the spot diagnosis

Customers can check their blood pressure, weight and heart rate and calculate their body fat ratio and body mass index in a new diagnostics kiosk from Wellpoint Group Ltd.

Wellpoint's Interactive Health Centres (WIHC) have a backlit screen which, with a voice-over, guides the customer through the various checks.

Results can be printed out and a PIN number can be used so the results of up to 10 tests can be stored.

Users can also access information from the College of Health's medical directory.

Wellpoint managing director Terry Glancy said: "Wellpoint's Interactive Health Centres have been designed to help establish



pharmacies as 'first stop' medical centres where patients can obtain advice before visiting their GP."

## The last taboo?



Despite the fact that one in three UK adults suffers from piles at some time in their lives, the condition remains a source of tremendous embarrassment, says Pfizer Consumer Healthcare, maker of the Anusol range of haemorrhoid treatments.

A survey commissioned by the brand revealed that:

- one-third of people are too embarrassed to talk about their toilet habits and rectal health
- seventeen per cent are too embarrassed to discuss piles
- more than one-third think the bottom is the most embarrassing part of the body
- women are more embarrassed to talk about so-called 'taboo' conditions than men and 14 per cent admit they even feel uncomfortable discussing periods
- only two per cent go to their pharmacy for advice, even though the majority of

problems can be treated with OTC products.

Pfizer is tackling the embarrassment factor this year with consumer advertising and by encouraging pharmacists to capitalise on sales by siting piles treatments in the self-selection area of the pharmacy as well as behind the counter.

The brand has also responded to research which shows that eighty per cent of pharmacists can tell that a customer has come in to buy a product they are embarrassed about. Anusol has joined forces with the NPA to develop *Piles - The Essential Guide to Best Practice*, which gives detailed information on the possible causes, symptoms and treatment for piles, as well as advice on handling the situation discreetly and when to consult the pharmacist. Copies are available from the Pfizer sales force.

## Web Watch

### Anusol sets its site on piles

Anusol has launched a website to educate consumers and health professionals about piles.

The site was developed in partnership with colorectal surgeon Dr Roger Leicester and is part of the brand's educational initiative to overcome the stigma and embarrassment of the condition.

A recent survey commissioned by Anusol found that, though one-third of the population suffer from piles, nearly one in five are too embarrassed to consult their GP or pharmacist and

consumers are choosing to surf the web for advice.

The site includes a pharmacy section with detailed information on merchandising and category management, while the pages also offer downloadable literature, Anusol merchandising, point of sale material and the brand's latest advertising initiatives.

There is advice on dealing with embarrassed customers and pharmacists are able to direct consumers to the site to find lifestyle advice. [www.pilesadvice.co.uk](http://www.pilesadvice.co.uk)

### And piles more from Germoloids

Germoloids, the haemorrhoid treatment, has a new website, which was launched to support the recent TV advertising campaign. The site features advice on treating piles and gives details of the Germoloids Piles Advice Line on 0845 6010901. [www.germoloids.co.uk](http://www.germoloids.co.uk)

### Lil-lets offers online advice

Lil-lets' new site is designed to educate young women on the biological and emotional facts of puberty.

The site includes zones designed to educate on different levels – Girlzone offers specific advice on

growing up; Boys Central explains the changes young men experience in a light-hearted way; Parents Place advises mums and dads on discussing sensitive issues with their daughters. [www.lil-lets-talk.com](http://www.lil-lets-talk.com)

### One-stop shop for MMR

The Department of Health has launched a new site to provide parents with credible, supportable and comprehensive information about the MMR vaccine and the diseases against which it protects. The site includes research and news stories about MMR. Visitors to the site can also ask questions, which will be answered, wherever possible, within a week.

[www.mmrthefacts.nhs.uk](http://www.mmrthefacts.nhs.uk)

### Glutens for punishment?

Nutrition Point has updated its website, which aims to show that gluten and wheat-free diets do not have to be monotonous. The site is home to the company's two established gluten-free brands, DS Dietary Specialities and Schar and contains three main sections devoted to the needs of

coeliac sufferers. The pharmacist section provides a comprehensive guide to pharmacy order codes as well as product detail and a nutritional breakdown for each item in the range.

There is also a prescribable leaflet and product checklists which can be printed out and given to customers. [www.nutritionpoint.co.uk](http://www.nutritionpoint.co.uk)



# Wella Silvikrin introduces new 24 hour technology



The UK's favourite hairspray, Wella Silvikrin, has undergone modernisation and extension into a fabulous range of 21 must-stock hairstyling products.

Tried and trusted for 55 years, Wella Silvikrin still retains its strong trademark 'green' colour and recognisable logo.

The new range sports a fresh, new modern livery whilst delivering superior product performance and

real innovation in the form of unique 24 hour volume technology.

Currently worth £259m, the Styling Market is buoyant and in growth, largely driven by innovation.

With 1 in 3 female consumers already using hairspray plus another styling product, new Wella Silvikrin will encourage regime usage and increase penetration by providing styling aids to suit consumer's individual style and hair type.



## NEW WELLA SILVIKRIN STYLING RANGE

Wella's extensive research found that women want more from their styling products than just to keep their hair in place. 56% want hold and control whilst 52% demand body and volume.

A result of intensive product development, Wella Silvikrin's new 24 Hour Volume technology, available in two formats, delivers volume that lasts all day using a unique patented formula.

**NEW Wella Silvikrin 24 Hour Volume Blow Dry Spray** guarantees natural looking volume at the roots with long lasting hold and control. Spray into damp hair and blow dry to activate the formula. Ideal for shorter or straighter styles.

**NEW Wella Silvikrin 24 Hour Volume Mousse** delivers all over body with lasting hold and control that stays all day. Perfect for longer or curly hair.

To complete the range, three finishing products offer lasting control as well as protection against heat damage:

**NEW Wella Silvikrin Lasting Smoothing Creme** smoothes or straightens hair whilst giving lasting control and style. Perfect for taming frizz.

**NEW Wella Silvikrin Lasting Control Gelee** for lasting hold, control and definition. Ideal for shorter styles.

**NEW Wella Silvikrin Lasting Texture Wax** for texture and shine. Recommend for short to medium length hair.



## NEW IMPROVED WELLA SILVIKRIN HAIRSPRAY

Hairspray remains the largest sector in styling and with Wella Silvikrin, the UK's No1 hairspray selling one can every three seconds, it's streets ahead of its nearest competitor in volume sales.

With its microfine spray, new Wella Silvikrin Hairspray has an improved formulation for even longer lasting hold and control. Available in 5 hold levels to cater for all hair types.

## £2.9m support

- Heavyweight multi-media campaign
- Back on TV for the first time in 7 years

### FULL RANGE LINE UP

Product	Hold level	Price/Size
WELLA SILVIKRIN 24HOUR VOLUME BLOW DRY SPRAY	Firm, Natural, Conditioned	£2.99/150ml
WELLA SILVIKRIN 24HOUR VOLUME MOUSSE	Maximum, Firm, Natural	£2.99/200ml
WELLA SILVIKRIN LASTING CONTROL GELEE	Firm	£2.99/100ml
WELLA SILVIKRIN LASTING SMOOTHING CREME	Conditioned	£2.99/125ml
WELLA SILVIKRIN LASTING TEXTURE WAX	Natural	£2.99/75ml
WELLA SILVIKRIN HAIRSPRAY	Maximum, Firm, Natural, Conditioned, Flexible	£1.89/200ml, £2.49/300ml, £3.49/450ml

Data source: Optima U&A July 2001/PCP 12m/e Sept 2001

For advice and further information retailers can contact Wella on

**01256 376175**



# Showcase

## Nurses get together

GlaxoSmithKline is bringing Day Nurse and Night Nurse together in a convenient, cost-effective pack of **Day and Night Nurse Capsules**.

The solid-dose, multi-symptom remedy offers 24-hour relief from cold and flu symptoms including fever, aches and pains, cough, blocked or runny nose and sore throat. It contains maximum strength pain relief and a cough suppressant.

The product is aimed at sufferers of heavy

colds and flu, who want stronger remedies to help them get on with their lives. A pack of 24 capsules retails at **£4.49**.

New point of sale material featuring the strapline 'Always on Call' give in-store impact and the brand is continuing its commitment to education. GlaxoSmithKline



Consumer Healthcare  
Tel: 020 8047 2700.

## Briefs

### Nurofen innovation

Crookes Healthcare is launching a sleek matt silver click-tap 'mobile pack' for **Nurofen 12 tablets (£2.49)**. The company says consumer research shows customers are unhappy with current analgesics packaging. Crookes Healthcare Ltd  
Tel: 0115 953 9922.

### Antistax impact

Baehringer Ingelheim has produced new point of sale material for Antistax, the leg vein health capsules. The range includes a counter unit, display cube and showcard. Boehringer Ingelheim  
Tel 01344 741493.

### Sanex deodorants

Sara Lee is expanding the Sanex bath and shower brand with a unisex deodorant range formulated to work with the skin while letting it breathe. The range comprises Dermo Protector for all skin types, Dermo Sensitive for sensitive and delicate skin and Dermo Extra Dry. The launch is supported by a £6 million national TV campaign. Sara Lee UK Ltd  
Tel: 01753 523971.

## Instants for pharmacy only

Following the successful launch of Imodium Instants, Johnson & Johnson MSD has launched a new pharmacy-only variant, **Imodium Instant Melts**.

Available in a larger pack size, Instant Melts offers the same innovation as Instants – all the effectiveness of

Imodium in an instant melt format.

Instant Melts deliver the same dose of loperamide as Imodium capsules.

Imodium Instant Melts retail at **£6.25** for a pack of 12. Johnson & Johnson MSD Consumer Pharmaceuticals  
Tel: 01494 450778.

## Mighty minty mouthful from Niquitin CQ

New **NiQuitin CQ 2mg and 4mg Mint Gum** is designed to appeal to 'cold turkey' quitters who have previously taken a DIY approach to smoking cessation.

The two new gums contain 2 or 4mg of nicotine and use the 'Time to first cigarette' method of dosing as an indicator of tobacco dependence.

The 4mg gum is for smokers who light up within 30 minutes of waking, while the 2mg strength is for those who smoke 30 minutes or more after waking.

Both variants have the same retail price per pack – **£2.99** for

12, **£5.69** for 24 and **£17.49** for 96.

A step-down programme is included to help quitters use less and less of the same strength gum until they are completely free.

Users of the gum can log on to [www.niquitincq.co.uk](http://www.niquitincq.co.uk) or call 0800 092 9392 to develop a personalised behavioural support plan.

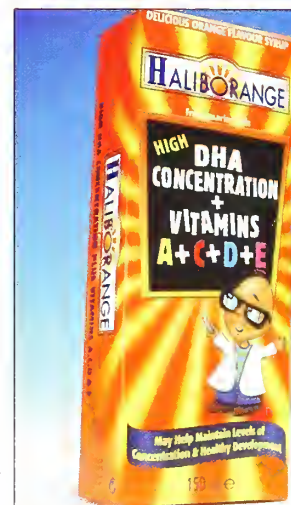
The launch is being supported by a £1.5 million marketing campaign from October to December. GlaxoSmithKline Consumer Healthcare  
Tel: 020 8047 5000.

## Fish oil with an orange taste

New in the **Haliborange** range is **DHA Concentrate**.

The fresh orange-flavoured, fish oil-based syrup has been specially formulated for children and is high in DHA.

Seven Seas says that if it is taken daily, Haliborange DHA Concentrate can help encourage optimal brain development and function as well as concentration levels. It retails at **£3.99** for 150ml and will benefit from the company's £11 million investment in advertising and



promotion this year. Seven Seas Health Care Ltd  
Tel: 01482 375234.

## Lemsip targets sinus pain

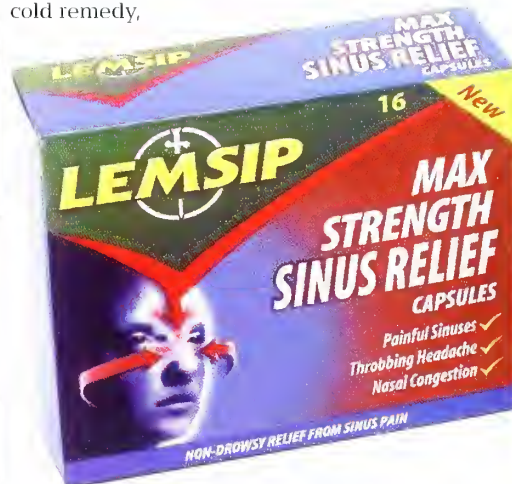
Reckitt Benckiser is targeting dissatisfied sinus sufferers with new **Lemsip Max Strength Sinus Relief** capsules.

The product contains 500mg of paracetamol and 6.1mg phenylephrine plus 25mg caffeine to help relieve head pain and congestion. Two capsules should be taken every four hours with up to four doses every 24 hours.

The company says sinus symptoms often start with a cold and the sufferer treats with a cold remedy,

moving on to a sinus product as their symptoms develop. The new sinus relief capsules are designed to bridge the gap between colds and sinus pain and retail at **£3.09** for 16.

A £1.75 million national TV campaign for Lemsip Max Strength Sinus Relief begins in November and continues until February as part of the brand's £5 million promotional spend this winter. Reckitt Benckiser  
Tel: 01482 326151.





# Silvikrin takes on new style

Wella is developing the Silvikrin hairspray brand with a range of new styling products and an updated look.

From October 1, Wella Silvikrin will comprise 21 styling products with appeal for younger women.

New products include six 24 Hour Volume Blow Dry Sprays and Mousses formulated for long lasting volume. The range also features three finishing products – Lasting Smoothing Creme, Lasting Control Gelee and Lasting Texture Wax.

All the styling



products retail at £2.99.

Wella Silvikrin hairspray has been reformulated to deliver longer lasting hold and control and a finer, more even application. It is available in five variants – Maximum, Firm, Natural, Conditioned and Flexible hold, with retail prices from £1.89 for 200ml to £3.49 for 450ml.

The brand's green packaging has been

updated to appeal to younger consumers without alienating loyal users.

The launch will be supported by a £2.9 million multi-media campaign aimed at women aged 35-45. Using the theme 'style that stays with you all day', the campaign focuses on the products' technology.

Wella Great Britain Tel: 01256 320202.

# POM to P for Strefen

Crookes Healthcare has now switched Strefen lozenges from POM to P.

The lozenges contain flurbiprofen 8.75mg and are formulated to provide long lasting relief from sore throat pain. A pack of 16 retails at £3.49.

One tablet should be sucked or dissolved slowly in the mouth every three to six hours, with up to five taken in 24 hours. Crookes Healthcare Ltd Tel: 0115 953 9922.

# Briefs

## New loaves

New from Nutrition Point are two DS Dietary Specialities sliced loaves. Available as a white or brown 400g loaf, the bread is packed in a protective atmosphere to help it stay fresher longer. Nutrition Point Ltd Tel: 07041 544044.

## Hands up

Craakes Healthcare has launched an everyday moisturising hand cream in the E45 range. E45 Moisturising Hand Cream is suitable for dry, rough and chopped hands. It also helps to improve the condition of nails. The cream retails at £3.49 for a chunky 50ml pack. Craakes Healthcare Ltd Tel: 0115 953 9922.

## Exorex on display

A new Exorex shelf display unit highlights the specific 'Wash, treat and moisturise' roles of the range for mild to moderate psoriasis. The unit costs £27.50 plus VAT. Fareast Laboratories UK Ltd Tel: 01322 550550.

# Sudafed clocks on for 12-hour relief

New Pharmacy-only Non-Drowsy Sudafed 12 Hour Relief is a sustained release treatment for nasal and sinus congestion.

One tablet contains pseudoephedrine 120mg and is presented in blue and silver packaging designed to convey its premium positioning. The product retails at £2.99 for six tablets, £4.99 for 12.

The launch is being supported by a £2.5 million marketing campaign including national TV advertising and pharmacy training initiatives. Point of sale material is available along with a consumer leaflet 'Knowing your nose - a guide to stuffy nasal congestion'. Copies of the leaflets are available free to pharmacists. Pfizer Consumer Healthcare Tel: 023 8062 8274.

# Senokot shows its pharmacy muscle

New Senokot Double Strength tablets are a pharmacy-only prescription strength OTC constipation product, containing 15mg natural standardised senna.

The tablets (£3.99 for 24) are formulated to stimulate the colon gently to relieve troublesome episodes of stubborn constipation.

Dosage for adults and children over 12 is one or two tablets at night to provide relief in eight to 12 hours. The launch is being backed by a full range of pharmacy point of sale material. Reckitt Benckiser plc Tel: 01793 732000.



# Lemsip offers powerful relief on the go

Reckitt Benckiser has launched a 'next generation cold and flu treatment' with Lemsip Cold + Flu Max Strength Direct.

The new product (10 sachets, £3.99) dissolves rapidly on the tongue without the need for water and is formulated to provide fast and convenient relief from severe cold and flu symptoms. The lemon-flavoured micro-granules can be poured directly onto the tongue and swallowed, so they

can be taken anywhere.

Each sachet contains paracetamol 1,000mg and phenylephrine hydrochloride 12.2mg. Adults and children over 12 years should take one sachet every four hours up to four times a day.

Designed to capitalise on demand for stronger, easy to use medicines, the product combines the maximum amount of analgesic and decongestant allowed



in GSL medicines. The launch will be supported by a national TV advertising

campaign from November until next February. Reckitt Benckiser Healthcare Tel: 01482 326151.



## Briefs

### Accident recovery

New Pampers BedMats are disposable mattress protectors to help children and parents cope with bed wetting. The mats (around £5.99 for seven) are made from a soft, super-absorbent waterproof material which can 'lock-in' average amounts of urine produced by children aged up to 10. Practer & Gamble UK Tel: 0191 297 5000.

### Digital bargain

Kanica's new KD-100 digital camera is a 1.3 million pixel fixed focus camera with a 1.5in screen retailing at £99.99. It can be used for the internet and e-mail and also as a webcam and will produce good quality 6in x 4in prints.

Konica (UK) Ltd  
Tel: 020 8751 6121.

### Double bubble

Cussans has launched three new products in the Imperial Leather Bathtime range. Double Bubble (£2.99), comprises two liquids which release a rich lather when combined; Bubbleburst Scentsations (£3.49) is formulated to provide masses of rich, fragrant bubbles when sprayed into running water; Bubble Melts (£3.99 for eight) are liquid sachets which dissolve instantly in water. PZ Cussans (UK) Ltd Tel: 0161 491 8000.

### Kiwi herbs

The New Zealand Natural Food Company is introducing a range of herbal liquid extracts into the UK. Kiwiherb Herbal Remedies are 'practitioner strength' products to stimulate the body's natural resistance to illness. The range includes four winter remedies, four native herbal products from New Zealand and two aintments. Retail prices are from £5.20 to £13.50. New Zealand Natural Food Company Tel: 020 8961 4410.

## Helping sporty types stay supple

Seven Seas is targeting the 11 million adults in the UK who regularly use sports centres with a new multi-nutrient supplement.

Seven Seas NeutraTaste SportFlex continues the company's commitment to encouraging new users into the VMS market and is formulated to help everyone playing sport or exercising to maintain a supple and flexible body.

The product is targeted at regular exercisers and each

capsule contains 12 nutrients including Omega 3, glucosamine, chondroitin and ginger.

Seven Seas NeutraTaste SportFlex retails at £4.99 for 30 capsules and £8.99 for 60.

The company is spending a total of £11 million in 2002 to support its brands with advertising and promotion. Seven Seas Health Care Ltd Tel: 01482 375234.



## Another boost for Voltarol



Novartis Consumer Health is supporting Voltarol Emulgel P with advertising this winter on TV and in activity titles covering areas such as golf, gardening and DIY.

The new campaign follows a successful summer advertising burst, which has helped Voltarol Emulgel P to secure

nine per cent of the topical analgesics market since its April launch.

Voltarol Emulgel P's active ingredient is diclofenac, one of the most widely prescribed painkillers for muscle, joint and back pain, which became available over the counter in April following a POM to P switch.

Novartis says the product is already the third best selling topical analgesic brand within pharmacy. Novartis Consumer Health Tel: 01403 210211.

## Silver service for Radian B

Ransom Consumer Healthcare is relaunching Radian B with a new look designed to attract users across a wider age range.

Radian B lotion, rub, multi-directional spray and odourless ibuprofen gel now come in silver packaging with a warm orange glowing icon to reflect the brand's soothing positioning. The formulations remain unchanged.

New in the range is Aromatherapy bath foam in three variants – Relax, Unwind and Revive.

The Radian B brand will be supported by a six-month £750,000 marketing programme including advertising, trade promotions and point of sale material.

Advertising will appear in women's magazines from the end of October until December, with a second burst next spring. Chemist Brokers Tel: 023 9222 2500.

## Double cold and flu whammy from Beechams

Two new products in the Beechams range are designed, says GlaxoSmithKline, to develop the cold and flu category and meet consumers' increasingly sophisticated needs.

Beechams Decongestant Plus with Paracetamol is aimed at people suffering a blocked nose and stuffy head who are dissatisfied with existing products.

Combining paracetamol and phenylephrine, the new product is in packs of 16 capsules retailing at £2.69. It will benefit from a £500,000 support package.

Beechams All in One are a tablet alternative to the brand's liquid



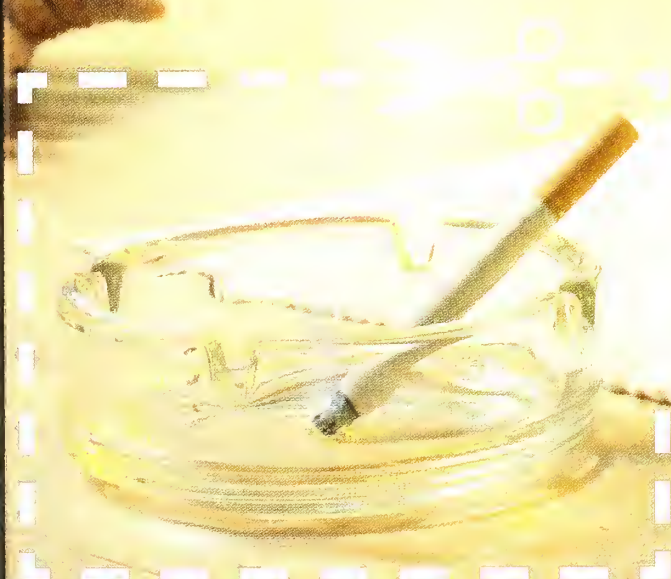
formulation. The new tablets (16 tablets, £3.39) are designed to relieve headache, blocked nose, sore throat and chesty cough and fill a gap in the market.

Beechams All in One will be supported with a £2.5 million package. GlaxoSmithKline Consumer Healthcare Tel: 020 8047 2700.





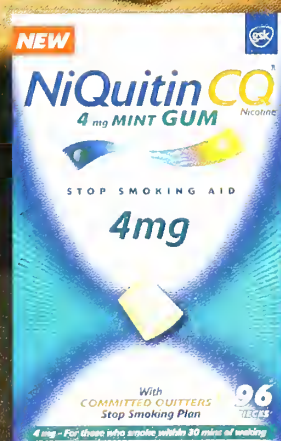
# Help them cut out smoking altogether



Why is this new gum different from any other? NiQuitin CQ Mint Gum, in contrast to other nicotine gums, is dosed according to Time To First Cigarette of the day. This is possibly the best single indicator of tobacco dependence,<sup>1</sup> ensuring people get the appropriate strength of gum according to their need. By recommending 4mg gum to heavily-dependent smokers,\* you can significantly improve their chances of success.<sup>2,3</sup>

\*Defined as those who smoke within 30 minutes of waking

**NiQuitin CQ 2 or 4mg Mint Gum Product Information. Presentation:** Chewing gum containing 2 or 4mg nicotine. **Indication:** Relief of nicotine withdrawal symptoms as an aid to smoking cessation. **Dosage:** Chew slowly according to instructions. **Adults only:** 4mg gum if time to first cigarette  $\leq$  30 minutes of waking. 2mg strength for those who wait longer. Use whenever urge to smoke. Smoking should be stopped completely. Use 8-12 gums daily, up to maximum of 15. After three months gradually reduce gum use. When daily use is 1-2 gums, use should be stopped. 2mg gum can be used during withdrawal from 4mg. **Contraindications:** Hypersensitivity to nicotine or other ingredients. Pregnancy and lactation. **Precautions:** Angina or history of cardiovascular disease (especially angina, arrhythmias or myocardial infarction within last 3 months), diabetes mellitus, hyperthyroidism, pheochromocytoma, denture wearers. Transferred dependence is a rare side-effect and is both less harmful and easier to break than smoking dependence. Swallowed nicotine may exacerbate gastritis



## Chew to Quit

Nicotine

or peptic ulcers. **Interactions:** None known. **Undesirable Effects:** Initially slight throat irritation, increased salivation, hiccuping, Dizziness, headache, nausea, gastro-intestinal discomfort, sore/aching mouth or throat, palpitation, atrial fibrillation, erythema, allergic reactions such as angio-oedema, urticaria, and ulcerative stomatitis. **Legal Category:** GSL. **Product licence number:** PL 00079/0376/7. **Product licence holder:** GlaxoSmithKline Consumer Healthcare, Brentford, TW8 9GS, U.K. **Pack size and RSP:** 96's £17.49, 24's £5.69, 12's £2.99. **Date of last revision:** August 2002.

### References:

1. Jarvis MJ, Sutherland G. Tobacco Smoking. In Comprehensive Clinical Psychology. Bellack AS, Hersen M eds, Pergamon, New York, 1998, p. 653. 2. Herrera N, Franco R, Herrera L et al. Chest 1995; **108**: 447-451. 3. Silagy C, Mant D, Fowler G et al. Nicotine replacement therapy for smoking cessation (Cochrane Review). In: The Cochrane Library Issue 1, 2001. Oxford: Update Software.

NiQuitin CQ, CQ and Committed Quitters are registered trade marks of the GlaxoSmithKline Group of companies.



## Strapping launch for Elastoplast

Elastoplast's new range of sports products targets the 60 per cent of adults who play sport.

The **Elastoplast Sport** range aims to support and relieve muscles to help prevent and protect from activity-related injuries.

The range comprises two **Elastic Adhesive Bandages** and **Rigid Strapping Tape**. Both are aimed at professional and semi-

professional sports people and provide strong support for joints, tendons and ligaments during high-stress sports. The Rigid Strapping tape is made from rayon and zinc-oxide, minimising excessive movement but still allowing for muscles to move. It is tearable for easy application and also porous.

The Elastic Adhesive Bandages are made from cotton and zinc-

oxide and come in two sizes.

They also limit excessive joint movement, while still allowing for muscular movement, and can be used to compress injuries.

Rigid Strapping Tape retails at **£7.49** for 50mm x 10m and the Elastic Adhesive Bandages are **£4.79** for 50mm x 3m or **£6.29** for 75mm x 3m. Beiersdorf UK Ltd Tel: 0121 329 8800.

## Briefs

### Quick and clean

Reckitt Benckiser has relunched Sterodent 3 Minutes denture cleaner with an improved formulation and new packaging. The product is now sold to offer superior cleaning versus brushing alone. The relaunch is being supported by TV advertising, product sampling to dentists and consumers, money-off promotions and point of sale material.

Reckitt Benckiser plc  
Tel: 01793 732000.

### Aromatic addition

New Tranquility shower gel and both foam is the latest addition to the Palmolive Aromatherapy range. Containing sandalwood, rose and cedar essential oils, the shower gel retails at **£1.99** for 250ml and both foam at **£2.49** for 500ml. Colgate-Palmolive Ltd  
Tel: 01483 302222.

### Facelift for Adidas

Coty is relaunching its Adidas mole grooming category with a **£3 million** TV advertising campaign. The relaunch sees an upgrade for all Adidas packaging and formulas, with a new fragrance - Sports Fever - to complement the existing four. Prices are from **£1.99**. Coty UK Ltd  
Tel: 020 8971 1300.

## Rubbing sportsmen up the right way!

An innovative **£1 million** print, radio and online advertising campaign for **Mentholatum Deep Heat Rub** is designed to strike a chord with sporty types this winter.

The print advertising shows a close-up of a muddy male leg with the Deep Heat logo and the headline 'Smells like team spirit'. On top of the logo is a 'Post-It' note showing a pack of Deep Heat in a sports bag with the invitation for readers to 'Rub here for the essence of sport.' The scratch and sniff paper releases the aroma of Deep Heat when it is rubbed.

The campaign will run in October, November and December issues of



magazines such as *FHM*, *Rugby World*, *World Soccer* and *442*. In addition, advertising will appear in national daily newspapers.

Sports players will also be targeted via radio until the end of this year and Deep Heat goes online in October with banners, buttons and e-mails on the *FHM* site, plus a micro-site offering the chance to win tickets to major sports events. Pharma Consumer Care  
Tel: 01202 314824.

## Own-label Ibuprofen for Children

Lloydspharmacy has launched its own label **Ibuprofen for Children**, the first such product from a community pharmacy retailer.

The orange-flavoured, sugar-free, colour-free suspension



## Bees help heal cold sores

Bioforce has launched **Bio-Propolis**, an ointment which can help ease the misery of cold sores.

The ointment contains purified bee propolis extract, which has antiviral, antibacterial, antifungal, anaesthetic and skin healing properties.

Bio-Propolis was the subject of a double-blind, placebo-controlled trial which showed that patients

using the product found their cold sores healed more quickly and pain was reduced. Almost 94 per cent of patients said they would use it again.

Applied up to five times a day, Bio-Propolis can be used even after the tingling stage of the cold sore and, says Bioforce, it works at every stage of the cold sore.

Bio-Propolis costs **£4.99** for a 2g tube. Bioforce UK Ltd  
Tel: 01294 277344.

## Omega-3 for vegetarians

New from Seven Seas is **Vegetarian Omega-3**, a vegetarian alternative to traditional omega-3 supplements for people who could benefit from cod liver oil but are reluctant or unable to take it.

The capsules (30, **£4.99**) contain pure organic flax oil as the source of alpha-linolenic acid. ALA is the essential omega-3 fatty acid which is the precursor to the long-chain marine fatty acids EPA and DHA found in fish oil and cod liver oil.



Each capsule provides 300mg of cold pressed and purified flax seed oil.

The capsules are gelatine and gluten-free and contain no preservatives. Seven Seas Ltd  
Tel: 01482 375234.

is recommended for children aged six months plus for mild to moderate pain.

Retailing at **£3.09** for 100ml, Lloydspharmacy says it is cheaper than branded equivalents.

The suspension can be used for conditions such as earache, headache, teething pain, toothache, colds and flu symptoms, minor aches and sprains as well as fever.



## Spot on additions

Crookes Healthcare is expanding the **Clearasil** medicated skincare range with two new products to fight the main causes of spots.

**Complete Shine Control Moisturiser** (75ml, £3.99) is a light formula containing butylene glycol and silicon fluid to moisturise plus Triclosan and AHAs to unclog pores and fight bacteria.

**Complete Deep Cleansing Body Wash** (200ml, £4.99) is a soap-free product for the whole body. Ingredients include propylene glycol to ensure the skin is not left feeling over-dry. Crookes Healthcare Tel: 0115 968 6464.

## More protection from Tena

Tena is expanding its incontinence protection range with **Tena Lady Super** and **Tena Pants Plus**, which are designed to provide maximum protection and security for men and women who suffer from moderate bladder weakness.

Tena Lady Super is a pad for those who need more substantial protection.

It features a double pulp layer and leg elastication to contain leaks, while the Odour Control system inhibits bacteria growth and helps stop odour developing.

Tena Pants Plus offer maximum protection.



They can be worn as normal underwear and are easy to pull on, pull down and remove using the side tears. They also have a super absorbent core.

Tena is spending £8.5 million on a pharmacy and consumer support package. Pharmacy initiatives include point of sale material, leaflets, advice cards, helplines and a website.

Tena Pharmacy Line 0870 3330874.

## Bare necessities from Syndol

SSL International's pharmacy-only oral analgesic, **Syndol**, features in a new TV advertising campaign in October.

The ads run on Central, Channel 4 and GMTV and feature a male office worker with a headache. His female boss says he needs a painkiller and a massage and he undresses and clears a desk ready for the massage. His boss reappears to find him face down on the desk and looks aghast as she holds up a pack of Syndol and a glass of water.

New point of sale material supports the TV campaign.

Syndol contains



paracetamol and codeine phosphate plus the antihistamine doxylamine succinate which works as a muscle relaxant to ease tension.

SSL International plc Tel: 0161 654 3000.

## Ex-Lax is now easier to swallow

New in the Ex-Lax range is **Ex-Lax Senna**, senna micro-pills which aim to provide simple, discreet treatment

for constipation sufferers.

The tiny, sugar-coated, taste and odour-free pills contain the active ingredient senna glycosides (equivalent to sennosides 12mg) and are designed to be easy to swallow.

One dose should normally be taken at bedtime, with a second dose during the day if required. Packs of 20 retail at £2.29.

● There is a new look for **Ex-Lax**

**Senna chocolate**, which is being repackaged. Larger packs are also being introduced, with packs of six replaced by 12s and packs of 18 replaced by 24s. The 48-pack remains the same.

Retail prices are £1.99, £2.99 and £4.85 respectively.

Cellophane has been removed from the packaging, making it easier to open. The new packs include a consumer leaflet. Novartis Consumer Health Tel: 01403 210211.



## Easing pain

An American patch to help combat localised pain and swelling is being introduced into the UK. **Pain Ease Patch** (£24.95) is suitable for lower back pain, arthritis, stiff knees, sports injuries, sore shoulders and muscle spasms. It is applied to either side of the ache or pain and a constant, low-level micro-electric current radiates into the affected area, stimulating the healing process while reducing pain and swelling. It lasts for up to 500 hours. Lifes2good Tel: 01924 478477.

## Briefs

### Soft option

Sugar-free Strawberry & Glycerine pastilles have been added to the Patter's Traditional Pastille range for this winter. Made from strawberry juice plus strawberry flavouring, the soft caught and cold pastilles are suitable for vegetarians and provide an alternative to hard-bailed lozenges. A 45g pack retails at £1.65. Ernest Jackson & Co Ltd Tel: 01363 636000.

### Price (ad)Vantage

AAH Pharmaceuticals is launching low price Vantage analgesics and cough syrups. The analgesics comprise 500mg Paracetamol in two pack sizes (16, £0.25; 32, £0.39), Ca-Codamal, with paracetamol and codeine, (32, £1.29) and Extra Power pain relief tablets with paracetamol, aspirin and caffeine (16, £0.99). Non-drowsy cough syrups include Dry Cough, Expectarant, Expectarant and Decangestant and Junior Expectarant, all retailing at £2.29 for 150ml. AAH Pharmaceuticals Ltd Tel: 024 7643 2000.

## New formula for Estroven

Wassen has been appointed sole distributor for the **Estroven** women's health supplement.

American market leader Estroven also has a new formulation, with an additional 10 per cent isoflavone content to match the ideal levels indicated in recent breast cancer trials. The one-a-day caplet also contains calcium, boron, selenium, vitamin E, B vitamins and folic acid

and is aimed at women before, during and after the menopause.

A one month supply retails at £14.99 and pharmacists wanting more information can visit the Natural Menopause Advice Service at [www.nnas.org.uk](http://www.nnas.org.uk) Chemist Brokers Tel: 02392 222500.

● If you would like to try Estroven for yourself, turn to our Freebie on page 35.

## Oilatum keeps on soothing

Stiefel Laboratories is extending the Oilatum range in pharmacies with a new emollient lotion.

**Oilatum Lotion** is based on the formula of Oilatum Bath Formula and is for use between baths to keep moisture levels topped up and to soothe and soften dry skin. A 200ml bottle



retails at £5.25.

The lotion is especially suitable for large areas of dry, rough, irritated or itchy skin.

The launch will be supported by a press advertising campaign during January and February next year. Stiefel Laboratories Tel: 01628 524966.



## Beauty Briefs

### Lip treats

Almay has launched Almay Lip Vitality Lipcolour with Kinetin, an all-in-one lip colour and treatment formulated to improve lip texture, plumpness and definition while hydrating the lips. It also includes SPF 15 protection. The product (£7.49) is in 12 rich colours. Revlon International Corporation  
Tel: 020 7284 8700.

### Autumn romance

Clinique calls its limited edition autumn look 'Isn't it Romantic?', with lip, cheek, eye and nail colours in a palette of dusty rose, soft pink, plum and neutrals. The company is also introducing two new permanent additions to its range – Gentle Light Pressed Powder and Rich Texture Blush in four shades. Estée Lauder Cosmetics Ltd  
Tel: 020 7409 6700.

### J.Lo. Glows

Jennifer Lopez has launched her signature scent, Glow by J.Lo. combining neroli, orange blossom and pink grapefruit with rose, sandalwood and amber, with notes of soft musk, jasmine, orris and vanilla. J.Lo. has also designed the curvy bottle. Available in eau de toilette sprays, shower gel and body lotion, retail prices are from £12.00 to £35.00. Coty (UK) Ltd  
Tel: 020 8971 1300.

### Ocean Dream

New from Designer Parfums is Ocean Dream, described as a complex floral fragrance with fruity highlights and notes of vanilla, sandalwood and blue musk. Available as perfume, edit, body moisturiser, body wash and dusting powder, retail prices are from £19.00. Designer Distribution  
Tel: 01494 717741.

### Effective reds

New Rouge Connection (£7.95) from Bourjois is a range of 18 lipsticks with a soft, smooth texture and light formula on-shelf from mid-October. The mix of different pigments and mother of pearl divides the shades into five different effects – iridescent, sparkling, metallic, shimmering or duo-tone. Bourjois Ltd  
Tel: 020 7462 4906.

## Seven Seas doubles ad impact

Seven Seas aims to double the advertising impact for its flagship cold liver oil brands with a new autumn TV campaign.

The national campaign features **Seven Seas Pure Cod Liver Oil** and



### Seven Seas

**NeutraTaste** taste-free cold liver oil capsules in a new commercial using the 'you flexy thing' proposition. The background music is the Hot Chocolate hit 'You sexy thing'. The new campaign runs in tandem with the successful Seven Seas **Pure Cod Liver Oil Twist** advertising. Seven Seas is spending £6 million on the two brands in 2002. Seven Seas Health Care Ltd  
Tel: 01482 375234.

## Activa eases on the hosiery

Activa Healthcare is launching **Acti-Glide**, a stocking applicator for compression hosiery to encourage patient compliance – especially at the higher end of the compression level, Class 3 and above. **Acti-Glide (£19.99)**

creates a smooth polyamide layer between the stocking and the leg, allowing the hosiery to be adjusted. It is particularly suitable for elderly customers. Activa Healthcare Ltd  
Tel: 01283 540957.

## Calpol takes the pain out of childhood

Calpol has launched a new free guide for parents – 'Common Childhood Ailments'.

Consultant paediatrician Dr Warren Lenney believes parents want to be fully informed.

He said: "Easy to follow advice on nutrition, colds and flu, teething, immunisation and pain and fever are all included in the guide, providing parents with the confidence to deal quickly and effectively with any childhood ailments."

The guide covers a number of problems which affect children in the first five years of life.

Free copies are available from the number below. Pfizer Consumer Healthcare Advisory Bureau  
Tel: 02380 628 274.



## New look for Lyclear

**Lyclear Crème Rinse** has a new look. The blue and white livery remains, but it is combined with a new design and visuals. The pack highlights Lyclear's 10-minute application time and suitability for use by asthmatics.

Pfizer Consumer Healthcare is supporting the headlice product with a pharmacy educational support campaign throughout this year, with free educational materials for pharmacists and consumers.

*The Facts of Lice* is a ring-bound resource file to help pharmacy educate consumers

## New packs for Glutafin range



Glutafin has introduced a new look for its gluten-free foods designed for people with coeliac disease. The changes have been made to help customers find the right products for their needs.

Over the coming months, breads and mixes containing gluten free wheat starch will be renamed **Glutafin Select** and products free from both gluten and wheat (currently Glutafin Multigrain) will be called **Glutafin Gluten-free Wheat-free**.

The great majority of coeliac patients can eat

foods from the Select range, which give them the closest taste and texture to real bread.

The Gluten-free Wheat-free range, based on maize, potato, rice and soya, is suitable for the small number who cannot tolerate wheat starch.

Colour bars on the front of the new packs highlight the 'free from' information and any potential allergens are highlighted in the 'contains' box directly below the list of ingredients.

Nutricia Dietary Care  
Tel: 01225 711677.

## Rennie goes soft

Roche is adding a soft and chewy product to its Rennie indigestion range.

**Rennie Soft Chews** offer existing users a chewy alternative with a freshmint flavour and the launch aims to encourage new, younger users who do not currently take anything to relieve their problem. A pack of eight retails at **£1.15** and a multipack containing 24 is **£2.69**.

The Rennie range has also been given a facelift with new, bright red packs.

The company is spending £2 million on national TV advertising which breaks in mid-October. The campaign positions indigestion as "the badge of a full life" with the strapline "Got a life? Got indigestion? Get Rennie."

Roche Consumer Health  
Tel: 01707 366000.







Sick  
'n  
queasy?



Full and  
bloated?



Offer you  
could miss out



To sort their  
stomachs out

#### Essential Information:

Further information is available from Johnson & Johnson MSD Consumer Pharmaceuticals, Enterprise House, Station Road, Loudwater, High Wycombe, Bucks HP10 9UF. Motilium 10 is indicated for the relief of post meal symptoms of fullness, nausea, epigastric bloating and belching, occasionally accompanied by epigastric discomfort and heartburn. Legal category: P. Contains Domperidone.

[www.motilium.co.uk](http://www.motilium.co.uk)

Johnson & Johnson MSD

# The bottom

*The Great British public could be accused of being pre-occupied with its bowel movements.*

*Consultant pharmacist Mary Allen looks at two of the most common bowel-related problems and how to deal with them*

Just how often a person opens their bowels varies from person to person – it might amaze you to know that some folk do so as little as once every few days, and that is normal for them. On the other hand, others 'go' more than once a day. The important thing is what is normal for a given individual and any change in habit.

Opening our bowels is such a common event in our lives that we tend to take it for granted until something goes wrong. Most problems are short-lived and respond well to over-the-counter medicines, together with suitable lifestyle changes to prevent them happening again. Sometimes the problems are longer lasting or may have a more serious underlying cause, needing treatment by a doctor, so it is important to learn how to recognise any warning signs.

When customers ask for laxatives, it's important to be sure that they are, in fact, constipated. The frequency with which we open our bowels can vary enormously without any harm. Many people think that unless they open their bowels each day, they are constipated.

But, for some people, this may be an event which takes place only every three days or so – for them that's normal. Real constipation is when the person opens their bowels less frequently than is normal FOR THEM, and pass hard stools with some difficulty.



Laxatives tend to be used far more than they should. Using laxatives when they aren't needed can lead to loss of important body minerals such as potassium, and can stop the gut from working properly in future.

#### What causes constipation?

Our digestive system deals with the food we eat, breaking it down physically and chemically in the stomach and small intestine.



# m line



consists mostly of indigestible fibrous material mixed with other waste. Water is then absorbed from this material through the wall of the large intestine, resulting in the production of firm faeces (stools) which are then eliminated from the body via the rectum, or back passage.

Fibre in food is very important because it provides bulk for the stools and aids peristalsis – the movement of the material along the gut. It also helps to retain sufficient water to prevent stools from becoming too hard and impacted, keeping the bowels healthy and free of constipation.

So – causes of constipation include poor diet (in particular, not enough fibre), insufficient fluid intake and not enough exercise. Lifestyle changes can often bring about big improvements, so encourage your customers to eat at least five portions of fruit and vegetables daily, to drink at least two litres of water (in cups of tea and sugar-free drinks as well as plain water) and to take regular exercise (even a daily walk round the block should help).

If customers are unhappy at the thought of 'more fruit and veg', try to encourage them to think about which ones they like to eat – and frozen or tinned varieties are OK too, if they prefer these.

As well as improving bowel habit, increasing our intake of fruit and vegetables helps reduce the risk of developing more serious disorders such as certain cancers (including bowel cancer), diabetes and heart disease.

Some medicines can slow down activity in the gut, leading to constipation. These include painkillers like codeine, certain antidepressants and some drugs used for confusion or mental illness.

Women suffer more than men, and the elderly are more prone – often because they have a poor diet,

Nutrients are absorbed through the gut wall into the bloodstream and used in the body for growth and repair, or to provide energy.

By the time the 'food' (or what is left of it) reaches the large intestine (or colon) it

*Continued on page 18* ▶

## Sluggish Sales?



*Who offers a range of innovations to keep your customers regular?*



restrict their fluid intake, may be unable to exercise because of poor mobility and may be taking several medicines.

Constipation frequently occurs during pregnancy. Increased hormone levels can cause a slowing down of the activity of the gut. This results in the absorption of more water into the body, leading to harder stools which are more difficult to pass.

Constipation can sometimes be a sign of underlying disease needing attention, so always refer anyone with an unexplained change in bowel habit to the doctor.

## Choosing a laxative

Laxatives are classed according to how they work, although some work in more than one way, so the table below is very general. Always advise customers that bulking agents should be taken with plenty of water, and shouldn't be taken immediately before going to bed. And remember to warn customers that bulk-forming laxatives may take a few days to work, so they shouldn't expect instant miracles!

Laxatives should never be used on a long-term basis, except sometimes in elderly patients in whom 'straining' may cause problems (and then only under medical supervision) or in patients with serious illness.

The use of laxatives in children is not recommended and is better dealt with by introducing more fruit and vegetables into the diet (fruit puree is often acceptable where children refuse fresh fruit, perhaps mixed with yogurt or dribbled on ice cream, or

## Constipation: refer to the doctor when:

- recent onset of constipation doesn't seem to have any obvious cause
- there is blood or mucus in the stools
- there are other symptoms such as unexplained weight loss, or loss of appetite
- constipation persists or alternates with diarrhoea
- the customer has acute pain
- they are using laxatives regularly

## Common causes of constipation

- poor diet lacking in fibre
- insufficient fluid
- lack of exercise
- ignoring the need to open the bowel
- lack of privacy or enough time to go to the toilet
- some drugs, including:
  - ◆ strong painkillers such as codeine, dihydrocodeine, co-proxamol, morphine
  - ◆ antidepressants and drugs used in confusion and mental illness
  - ◆ antacids containing aluminium

## Piles: refer to the doctor:

- anyone suffering for more than two weeks
- children
- patients with constipation thought to be caused by medication
- anyone with first time bleeding (to ensure there is nothing more serious)
- anyone with increased bleeding

made into delicious and fashionable 'smoothie' drinks), and by increasing fluid intake generally.

## Laxative abuse

Do be on the look out for

laxative abuse. Some people genuinely, but wrongly, believe that daily purging of the gut is essential for healthy living, and come to depend on regular use of laxatives. However, this



stops the gut from functioning normally and so sets up a vicious circle. Do refer anyone who you suspect to be dependent in this way to your pharmacist who will probably suggest they have a chat with their doctor.

People, usually young women, suffering with anorexia nervosa or other eating disorders, also abuse laxatives. They consume quantities of stimulant laxatives to try to stay thin. This is dangerous because they are at serious risk of depriving the body of essential nutrients. In addition, they may develop low blood levels of potassium, a mineral essential for many body functions. It's a good idea to refer young women who ask for laxatives to the pharmacist to be on the safe

Laxative type	How do they work?	Examples	Some OTC brand names:
Bulk-forming	Increase stool mass by adding bulk. This increases peristalsis (the activity which moves gut contents through the bowel)	Isphagula husk	Fybogel Regulan Isogel
		Methylcellulose	Celevac
		Sterculia	Normacol
Stimulant	Increase the speed at which contents move through gut	Senna	Senna tablets BP Senokot Ex-Lax Senna
		Bisacodyl	Dulco-lax
Softeners	Soften the stools by helping them retain water or by softening the surface, making them easier to pass	Docusate	Dioctyl
		Lactulose	Lactulose BP Duphalac
		Magnesium salts	Milpar
		Glycerin	Glycerin suppositories





side. Such customers can be quite cunning – often coming at closing time possibly hoping that because you are in a hurry to get home you may be more likely to make a quick sale.

### Piles (haemorrhoids)

Piles can be the source of great mirth, but are far less funny if you suffer from them. Customers can be very shy – probably more so than in any other condition, this one is usually presented as being 'for a friend' rather than for the actual customer. Always treat the customer with tact and take them to a quiet corner to talk.

Piles are varicose veins occurring in or around the rectum- they may be internal or external.

Constipation is a major contributing factor. Sometimes internal haemorrhoids may protrude out of the rectum, particularly when passing stools and especially if straining.

Common symptoms include itching, discomfort and sometimes pain around the anal area. Piles often bleed, particularly when the bowels are being opened.

Products to treat piles include astringents (to reduce the swelling), antiseptics, or sometimes local anaesthetics. Local anaesthetics shouldn't be used for more than a few days, if at all – they can cause skin sensitisation.

Some of the newer products for OTC sale include hydrocortisone as an

ingredient to reduce the inflammation. These products should not be used for more than a week without medical supervision and must not be sold for use by pregnant women or people under 18 years, nor should they be used on broken skin.

Look at the products for piles in your pharmacy, such as Anusol, Anugesic, Germoloids, Preparation H and Proctofoam HC and see what they contain. Ask your pharmacist how each of them works.

Creams and ointments are suitable for external piles while suppositories are better for internal ones (though some creams have an applicator for rectal insertion).

Good toilet hygiene is very important for haemorrhoid sufferers. This means washing the anal area well with soap and water before using treatment products, so try to (tactfully!) advise customers about this when you sell products. Moist antiseptic tissues may help.

In most otherwise healthy adults, constipation and piles can be prevented or improved by lifestyle changes. Remember, prevention is always better than cure. And remember too that, while these problems are usually short-lived and nothing more than a bit of a nuisance, they are sometimes an indication of something more serious. Any major change in bowel habit, particularly in middle-aged or older people, should be referred to the doctor.



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# Taking the strain

**'Sports injuries' can happen to anyone who is active, from top flight sportsmen and women to amateur players, weekend gardeners and DIY enthusiasts - or fishermen**

Nowadays we have much more leisure time and there is a corresponding increase in interests in leisure activities.

In my practice we are seeing a greater number of minor injuries which may be called 'sports injuries'. Though this term is normally applied to an injury arising from a sporting activity, perhaps we should consider a minor injury resulting from any leisure activity as a sporting injury.

This would include everyone, from customers who sprain an ankle while walking the dog or strain their backs during a day's gardening to the twenty-something Sunday league footballer who is suffering after a vigorous tackle - and dozens of others in between.

*Serious accidents and injuries need hospital treatment, but many customers will take their minor sprains and strains to the pharmacy. Chiropractor **Chris Turner, DC, Dip Sports Med, FCC,** of Maidenhead Chiropractice, takes a look at how to advise on sporting injuries*

## **What is a sports injury?**

Major trauma would be treated at A&E and followed up by the patient's GP. So what kind of cases will visit the pharmacy for advice?

The majority of sports injuries are those affecting soft tissue structures and joints - the sprains and strains.

If muscles and tendons are

affected these injuries are termed strains and the affected structures also include muscle fascia - the connective tissue which holds muscles together.

Joint injuries are generally termed sprains, for example the sprained ankle.

Normally, any sports injury will involve both strains and sprains together with a degree of bruising. Bruising is due to damage to blood

vessels forming a haematoma, or collection of blood, beneath the skin. If there is any disruption of the skin it is called a contusion.

Many of us will have experienced the effects of overdoing a gym workout or other exercise - we get aches in the muscles and generalised stiffness in the joints. This is usually as a result of stressing our muscles and joints a little too much and causing micro-trauma to the various structures.

Micro-trauma is when there is internal damage to muscles, tendons and ligaments disrupting just a few fibres. This gives rise to swelling within the muscle, for example, and will result

*Continued on page 22 ►*





ProSport

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in pain in the affected area after a few days. It is a well-known phenomenon and is called delayed onset muscles soreness, or DOMS.

Even those people who suffer major injuries which need A&E attention will still have soft tissue injuries as a result of the trauma.

### What can be done?

The basic treatment of any sports injury follows a protocol.

The acronym RICE used to be the main way of treating such injuries – Rest, Ice, Compression, Elevation.

This has now been superseded by various generations of protocols, each adding another letter to the chain, and we now use PRICERR as our basic protocol in treating most sporting injuries:

- prevent further injury
- rest/remove from the sporting area
- ice the affected area
- compress the affected area
- elevate the affected area
- rehabilitate
- return to sport.

Using a rugby match as an example, let us suppose a player is injured, having been involved in a heavy tackle and gone down.

#### Prevent further injury

The player is examined on the pitch. The responsible sports physician will assess airway, breathing and circulation and, provided the patient is stable, will make a brief examination to determine the extent of the injury. Are they concussed? Do they have pain and, if so, where?

#### Rest/Remove

Usually a few moments of rest is all that is needed before the player is able to carry on but if a more severe injury is suspected a neck brace is put in place and the patient is removed from the pitch for a more detailed examination. A serious injury will be referred to A&E, but a relatively minor injury will be treated by continuing to follow the protocol.

#### Ice

Ice is applied to the affected area. A good rule of thumb is to apply ice for 25 minutes and then wait 45 minutes before reapplying. The ice is used to reduce swelling and this will help reduce pain.

#### Compression

Compression bandages can be used to place pressure on the injury, again to help

reduce the amount of swelling. Ice should be applied over the bandages. The bandages or strapping will also splint the affected area which, in turn, will help prevent any further injury.

#### Elevation

The affected area is elevated above the level of the heart and this is also to reduce swelling.

#### Rehabilitation

This is the complex area of immediate aftercare which includes things such as remedial exercises to prepare for a return to the specific activity.

#### Return to sport

Once the patient is fully fit they can return to sport. It is normally advised that they start slowly with less intense activity and gradually build up to full match fitness and the ability to play at the previous level.

### Where does the pharmacy come in?

Most people do not have the luxury of a sports physician in attendance when they

**When someone has a sprain or strain, remember the PRICERR protocol:**

- Prevent further injury
- Rest/remove from the sporting area
- Ice the affected area
- Compress the affected area
- Elevate the affected area
- Rehabilitate
- Return to sport

injure themselves. They may have suffered a minor knock at their Sunday football or rugby match and come in to see if there is anything they can buy to help them feel more comfortable. They are often in considerable pain and are looking for general advice.

The best advice is to follow the PRICERR protocol.

They should be advised not to carry on playing until they are completely better, thus preventing the possibility of further injury.

They should use ice or something similar. Most people have some frozen peas in their freezer – just remember not to eat them if they are refrozen for future use!

Gel packs are very useful. These can be kept in the freezer and used in the same

way as ice, with the benefit of being able to be refrozen and having flexibility when frozen.

Ice packs should not be applied to bare skin, but something such as a tea-towel should cover the pack and patients should look at the skin regularly to make sure it is not freezing.

Compression can be applied with an elasticated bandage or proprietary sports support. The compression should not cut off the circulation, so fingers and toes should be checked regularly to make sure they are a good healthy pink rather than deep red or purple.

### Medication

Analgesics and anti-inflammatory medication can help in the early stages of a sports injury.

Oral painkillers such as paracetamol or codeine are useful and can be taken in combination, preferably in soluble form. OTC anti-inflammatories can reduce swelling and hence pain in the early stages.

The family of NSAIDs (non-steroidal anti-inflammatories) is large and ranges from aspirin to ibuprofen and beyond.

Topical products fall into three general categories:







- cold products, usually in spray or gel format
- hot products such as heat rubs and sprays, which contain a skin irritant to cause blood vessels near the skin to dilate and give relief
- NSAIDs, some of which may also be formulated to give a cooling effect when applied to the skin.

Topical NSAIDs are frequently used to treat sprains and strains and are particularly useful where there is a chronic problem or where injuries recur.

As for any OTC medicine, the usual questions should be asked to make sure the medicine is suitable for the patient and, if in doubt, consult the pharmacist.

### Supplements

In my practice we have had great success with dietary supplements. There is much research being carried out into their use, though a lot of it is confusing and conflicting.

One useful supplement which has much substantiated research as to its effectiveness is glucosamine sulphate, a building block helping to form new cartilage which in

turn forms the bulk of connective tissue in the body.

Glucosamine is also believed to have anti-inflammatory properties and we recommend that people take it in combination with chondroitin at a dose of 1500mg per day with food.

We also suggest vitamin C combined with zinc, which helps with the repair of connective tissue.

For general help with bruising and bleeding the homeopathic remedy arnica is also of use.

Remember, most customers will ask for help with their sports injuries because they have not consulted their GP and they should always be advised to see their doctor or a sports injury specialist if the symptoms persist.

**Turn to page 34 to Test Your Knowledge** on what you have learned from this feature. The questions are sponsored by:



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# Vitamins for life?

If we all ate an ideal, balanced diet with the emphasis on fresh, unprocessed, unrefined food, very few of us would need vitamin and mineral supplements.

But the truth is that the diet of the vast majority of people in the UK is far from ideal. We consume too much processed food and far too much fat and sugar. And when we buy 'fresh' fruit and vegetables we have no idea how fresh they really are or how many of the nutrients they contain have been lost in the time between harvesting and eating – or during cooking.

That is why so many people opt to take out the insurance policy of supplementation and why multivitamin and mineral supplements have such a powerful appeal.

There are also certain circumstances and stages of life when people's need for particular nutrients increases. If they cannot increase their dietary intake of these nutrients, supplementation is one

*Vitamin and mineral supplements have been hitting the headlines lately with the new draft EU Directive, an apparently damning piece of research-- and a controversial report from the Food Standards Agency. Lesley Keen takes a look at VMS and when customers may benefit from a supplement*

answer. Let's look at some dietary 'special needs' and the supplements which are often taken to meet them:

## Children and teenagers

Young people are growing fast, often in spurts, and there is no denying that the diet of many youngsters is over-dependent on fizzy drinks, high-sugar and high-fat foods and is very low in fruit and vegetables. The *National Diet and Nutrition Survey* of young people aged four to 18, published in 2000, revealed that, during a seven-day recording period, 76 per cent of boys and 72 per cent of girls had eaten no citrus fruit and 61 per

cent of boys and 56 per cent of girls had not eaten any green leafy vegetables.

The Food Standards Agency says children from six months to two years (five if the range of foods they eat is restricted) should benefit from drops containing vitamins A, C and D.

If children are eating little or no dairy produce, green vegetables or canned fish, a calcium supplement may help ensure strong, healthy bones. Vitamin D helps with calcium absorption.

It is also important to make sure that youngsters have adequate iron levels. Iron is the most commonly reported nutritional deficiency among young children and research

has also shown that one-third of girls aged 16-18 failed to achieve the recommended intakes of iron.

## Athletes

People who take their sport seriously put extra strain on their bodies and often like to supplement their diet.

Coenzyme Q10, which is found in small quantities in most foods and in good levels in meat, plays a role in energy release and athletes may choose it to help maintain stamina and endurance.

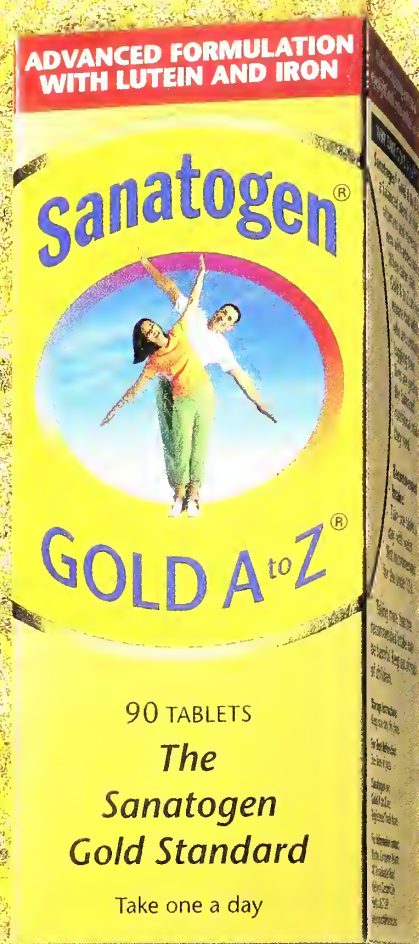
Glucosamine sulphate, which is naturally present in small amounts in fish and animal products, is used to build and repair cartilage in the body and athletes may use it to help maintain healthy joints, muscles, tendons and ligaments. Because glucosamine supplements are derived from shellfish, people allergic to these foods may wish to avoid them.

Vitamin C is essential for

*Continued on page 26* ►



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best,  
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the development and maintenance of cells and tissues. It is found in most fresh fruit, vegetables and fruit juices but is easily destroyed in cooking and levels fall the longer food is stored. Vitamin C is needed to metabolise iron, so it is a good idea to take some vitamin C, either in the form of a glass of orange juice or citrus fruit, with a meal which is rich in iron.

## **Vegetarians and vegans**

People who choose to remove any major food source from their diet must ensure they replace the lost nutrients from other sources or by supplementation.

Vegans will not eat any animal-derived produce, including milk, cheese, eggs or even honey. But vegetarians may eat dairy produce, eggs and, in some cases, fish, though they would not then be classed strictly as vegetarians.

Iron is present in red meat, but also in alternative sources such as green leafy vegetables.

However, the iron from animal sources (haem iron) is much more readily absorbed by the body than non-haem iron, so very large quantities of vegetable-derived iron have to be eaten or a supplement may be considered. Again, making sure that vitamin C is taken with the iron-rich foods will help the body utilise the iron.

Vitamin B12, which is important for the blood cells, is found in meat, dairy

products and fortified breakfast cereals. As it does not occur in plant foods, vegetarians and vegans may want to take a supplement.

## **Pregnant women**

There has been a lot of publicity about the importance of folic acid in helping to prevent neural tube defects such as spina bifida in babies and a supplement of 400mcg per day is recommended for women who are planning to conceive and through to the 12th week of pregnancy.

Iron supplements are no longer given routinely to pregnant women, but it is important for a woman to enter pregnancy with good iron stores and to maintain them with a diet rich in iron-containing foods.

If iron needs are not met, both the mother and the baby may be adversely affected and low



haemoglobin concentrations are linked with low birthweight, premature birth and perinatal mortality. It takes time for the mother to replenish iron levels after giving birth, so women who have several pregnancies in a short space of time may need special help.

## **Customers waiting to buy vitamin and mineral supplements should always be advised to:**

- tell their GP about any supplements they are taking
- tell the pharmacist about any medication they are taking to make sure its effectiveness will not be affected
- always stick to the recommended dose as exceeding the dose, especially of fat-soluble vitamins and some minerals, can cause harm
- make sure, if they are taking more than one single vitamin or mineral supplement plus a combination product, that the combined dose of any single nutrient is not too high
- vitamin supplements should generally be taken with meals, and minerals between meals
- always try to maintain a healthy, balanced diet with plenty of fresh fruit and vegetables and take moderate exercise.

One supplement to be avoided during pregnancy unless prescribed by a doctor is vitamin A because of the link between very high levels of retinol and some birth defects. Liver and liver products should also be

Vitamin B6 has been called the anti-depression vitamin because it is required for the production of serotonin, the brain chemical which affects moods, behaviour and sleep patterns.

Evening primrose oil is also a favourite among women who suffer PMS symptoms, including breast tenderness.

## **Women at or during the menopause**

Women in the Western world appear to suffer more adverse symptoms at the menopause than women in the Far

East, whose diet is rich in soy-based foods – in the Japanese language, for example, there are no words for the term 'hot flush'.

Isoflavones are plant compounds called phytoestrogens which are found in soy and soy-based foods such as tofu and are now available in the form of supplements often aimed at women around the menopause.

Hormonal changes mean that after the menopause, women are at increased risk of osteoporosis, so they may want to increase their calcium intake.

## **Older people**

As we get older, our bodies are less efficient at absorbing some of the essential nutrients from our diet and there are a number of multivitamin and mineral products aimed at people over 50 or 55 to address this.

Older customers may also be interested in the positive effect on the joints which may be offered by supplements of cod liver oil or glucosamine sulphate.

avoided because of their high retinol content.

## **Women with PMS**

The contraceptive pill and HRT can deplete levels of vitamin B6 and many women who suffer premenstrual syndrome find B6 supplements helpful.

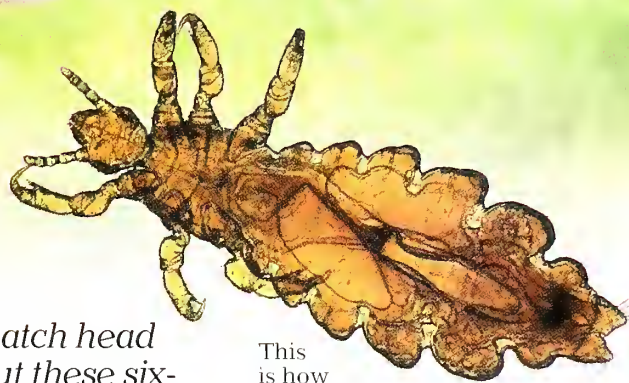
## **FSA report on upper safe levels**

The Food Standards Agency's Expert Group on Vitamins and Minerals has issued a consultation document on the maximum safe levels of vitamins and minerals.

- The group has spent four years looking at the available scientific evidence in response to public concern over safe upper levels.
- A total of 34 vitamins and minerals came under the group's scrutiny and safe upper levels were suggested for nine of them, guidance suggested for 22 and statements issued on three.
- The final report is due to be published early next year, but the consultation document has not gone down well with some VMS manufacturers.
- Margaret Peet, managing director of the GNC health food chain, says the report has fundamental flaws, especially the determination of upper safe levels of 10mg for vitamin B6 and 1000mg for vitamin C.
- She says: "Although the scientific evidence is difficult to interpret, there are now very large discrepancies between this new report and the upper safe levels already determined by other international expert committees – long accepted as being safe. In some cases, this new report has set no levels at all. The majority of these levels have been set assuming that consumers eat a balanced diet, which the Government's own figures show is nonsense."
- VMS manufacturer Quest Vitamins is also concerned at the levels suggested for vitamin B6 and also for beta-carotene – at 7mg – and promises a "thorough response" to the consultation paper.



# Lice and easy



*They're the size of a small match head and almost transparent, but these six-legged nasties cause alarm and despondency to parents everywhere.*

*Jeremy Clitherow MBE FRPharmS tells us how to give practical advice to worried mums and dads*

she, is a small, almost transparent soft-shelled insect with six stubby legs, each terminating in a claw which is used to hang on to the hair shaft.

The adult is about the size of a small match head, or, to a younger audience, the length of a sesame seed on a Big Mac. The lifespan of the louse is about one month and its diet is exclusively blood, hence the reason that headlice live on the scalp. They need warmth and proximity to the skin to be able to live and feed. They are also specific to humans, which is why it is important to

reassure people that they cannot catch headlice from the domestic cat or dog.

Just seven days after mating, the embryo is fully matured and the new louse is ready to emerge from its egg case. He leaves the empty shell attached to the hair shaft; and that is the nit – proof that you cannot catch nits, they are dead eggshells!

Within a few days the newly hatched louse is ready to mate. The female lays

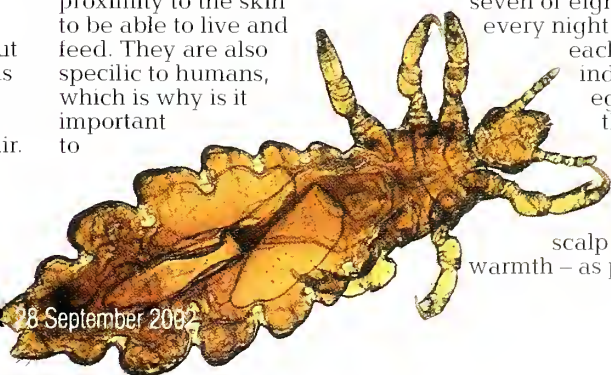
seven or eight eggs every night, glueing each

individual egg case to the base of the host hair shaft, as close to the scalp – and warmth – as possible.

This is how you can tell the age of an infestation. Hair grows at about 1cm per month, so, if the empty egg cases are about two centimetres from the scalp, the infestation took place about two months ago!

Consider that one pair of lice can produce eight embryos per night for the three remaining weeks of their lives, and after the first seven days, generation two is reproducing; and seven days after that, generation three continues the process. Within a very short period of time, a head can be 'alive' with headlice. It is conservatively estimated that there are half a million new infections per year. Combine these two statistics and the scale of the problem is self evident.

In practical terms, you will usually find the empty egg cases at varying distances from the scalp. That is a sure indication of a prolonged infection, or that the patient has been re-infected. In the latter case you would think that there has to be a



As children go back to school after their long summer break, their natural exuberance and boisterous games inevitably lead to head contacts.

That means even the cleanest child in the school is at risk of catching headlice. So, too, are the passengers on the bus, as an infected child brushes past, or poor old gran in the chair at home as her favourite grandchild sits on her lap.

The common headlouse is everywhere, not just in schools. There is no shame in catching one; the sin is to do nothing about it! And, if you don't look, and nip any 'unwelcome visitors' in the bud, you are just as guilty. It is a problem for all communities, not just the schools within them.

Another word of advice is always to refer to the 'infestation' rather than the 'infestation'. It is a much gentler way of talking about what is always perceived as bad news. Similarly, tell mums that the common headlouse prefers clean hair. It helps.

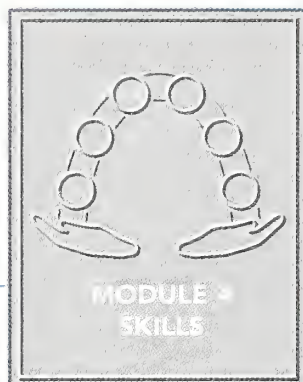
## A lousy life

The human headlouse is a remarkable bug. He, or



# Cambridge Counterpart

## Pharmacy Assistant Development



The articles overleaf are taken from the fourth module of the revised Cambridge

Counterpart training course for pharmacy assistants. Module 4 is on skills and covers topics including selling medicines, handling prescriptions and serving customers.

This is just a sample of the course to show you how it is structured. To meet the Royal Pharmaceutical Society's standards for medicines counter assistants you will need to register for the course. You can sign up using the form below. Everyone who registers for the revised course will receive a free folder to store their coursework.

Cambridge Counterpart is a 14-part modular distance learning course that covers everything you need to know to work effectively on the medicines counter. Counterpart is brought to you by Chemist & Druggist and Wyeth Consumer Healthcare.

### Test your understanding – sample questions

Only tick the boxes that are correct statements or correct answers to customer questions.

1 Pregnant women and children under 16 are exempt from prescription charges. ☐

2 Doctors' prescriptions in England are called GP14. ☐

3 When a customer asks for a medicine by name you can assume they know how to take it. ☐

4 Medicines available only on prescription are called POM. ☐

### How to register

Each assistant must be registered for telephone marking and certification at a cost of £35.25. Each assistant will also need access to a training pack. A pack costs £23.50 and can be used by up to four assistants.

Post your completed form, with a cheque payable to CMP Information Ltd, to Mary Prebble, Pharmacy Editorial Projects, Sovereign House, Sovereign Way, Tonbridge, Kent. TN9 1RW

### Registration Form

For further information or to pay by credit card, call Mary Prebble on 01732 377269.

Pharmacist	_____
Pharmacy	_____
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Telephone Fax	_____
Course registration fee of £35.25 per person	
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Name	£ _____
Name	£ _____
Name	£ _____
	Sub total £ _____
Please include ( ) sets of modules at £23.50 each	£ _____
All prices include VAT	Total £ _____





## Medicines

Medicines are not like any other items you sell in the pharmacy. They must be sold with extra care.

Your aim is to make sure that customers know how to use them safely and effectively.

### Categories of medicines

There are three categories of medicines that can be supplied from a pharmacy:

- Those which are available only on a prescription (Prescription Only Medicines or POM)
- Those which may be sold only from pharmacies, without a prescription but under the supervision of a pharmacist (Pharmacy or P medicines). It is illegal for you to sell these medicines when the pharmacist is absent. The pharmacist must be near enough to be aware of the sale (that is, in the medicine counter or dispensary area). Some pharmacies have systems to ensure that the pharmacist has been notified, eg the initialling of stickers.

If the pharmacist is at lunch or temporarily out of the pharmacy, explain politely that you must not sell these medicines and suggest when the customer might return.

- Those which may be sold from other shops as well as pharmacies. These are known as General Sale List medicines.

Unless you are involved with dispensing, you are likely to be concerned only with the second and third categories.

With resale price maintenance (RPM) abolished, it means that the price of OTC medicines and some vitamins are no longer fixed. This means that it is up to the individual pharmacy to set the prices and offers. Check with your pharmacist which medicines this applies to. Note that discounted medicines may encourage customers to bulk buy so you will need to stress the need to store medicines safely and not to take similar medicines at the same time as there may be danger of overdose. This is especially the case with cold remedies containing paracetamol.

Some medicines, such as emergency hormonal contraception and nicotine replacement products, may be supplied under Patient Group Directions in your pharmacy. That means that the pharmacist can dispense these products to the patient without needing a prescription each time from the doctor. This is allowed because the pharmacist acts under the direction of a doctor through a series of protocols that have been previously drawn up by a doctor (or dentist) and a pharmacist. These are authorised by the health authority or local

primary care trusts which are taking over from health authorities.

### Guidelines on advising the public

Since January 1, 1995, the Royal Pharmaceutical Society has required all pharmacies to have written guidelines in place, which all counter staff must follow when they sell medicines or give advice on medical conditions. The guidelines, or protocols as they are also known, specify the questions you need to ask customers buying medicines and are mostly based on the WWHAM routine. They also state when you should refer customers to the pharmacist for further advice.

The aim is to make the public aware that, if they buy medicines from a pharmacy, they have the advantage of expert advice should they need it. This is for their own safety and to make sure that the medicines they buy are the most suitable for their condition.

Many customers will be buying medicines they have used before and may resent being asked too many questions which they might regard as prying. But you should still try to ensure that the customer has essential information about the product, for example, if it causes drowsiness. The customer should also be asked if he or she would like advice from the pharmacist.

If a customer asks for two or more medicines with the same active ingredients, or similar action, advise against taking both at the same time.

### Pharmacy protocol guidelines

As every pharmacy is different, pharmacists have been asked to write their own guidelines to suit their own local circumstances. But there are some general principles, which are outlined below.

Make sure you are familiar with the guidelines that apply in your own pharmacy.

#### General principles

1. If a medicine is requested by name, you should ask if the customer has had the medicine before.
2. If the answer is yes or no, ask if the customer would like advice from the pharmacist.
3. Make sure the customer has essential information about the product and draw attention to any product information leaflet in the pack. Make yourself familiar with warnings on the pack and give appropriate advice, eg, not to drive if the medicine makes them drowsy.
4. Requests by children for medicines must always be referred to the pharmacist.
5. If the customer asks for a medicine for a child, ask how old the child is. If under two years old, refer to the pharmacist. Between ages two to 12, follow steps 1–3 above and make sure the customer knows the right dose to give.
6. Customers who ask for advice on how to treat certain symptoms should ideally be referred to the pharmacist. If the pharmacist is busy you could ask the WWHAM questions:
  - Who is the medicine for?
  - What are the symptoms?
  - How long have the symptoms been present?
  - Action already taken
  - Medicines being taken for other problems

The aim of these questions is to find out if the customer has a minor ailment which can be treated safely with an over-the-counter medicine, or if they are suffering from something more serious which should be referred to the pharmacist or doctor.

For example, a customer might have tried several medicines already which have not worked, or they might be taking prescription medicines which could react badly with medicines sold over the counter.

As you progress with your training, your pharmacist will allow you to take more responsibility in recommending medicines yourself, but there will be cases when your pharmacist will always want to be consulted. Make sure you know what he or she expects!

Also, be sure to transmit information from the customer to the pharmacist fully and clearly, and let the customer know what is happening.

7. If the customer refuses to answer the questions, try to explain politely that you want to be sure you are offering the most suitable product. Again, your pharmacist might have a special procedure for dealing with awkward customers.
8. If the customer has a potentially embarrassing ailment, refer him or her to a quiet area for private questioning by the pharmacist.
9. There will be some medicines that the pharmacist insists must be sold only by him or her. These could include medicines which have recently moved from prescription only to pharmacy sale, or which might be abused or misused. Make sure you are familiar with this list.
10. All requests for medicines should be treated confidentially and discussed only with the pharmacist.

## Prescriptions

As a medicines counter assistant you are likely to be involved in taking in prescriptions and dealing with customers when they collect their dispensed medicines.

Your pharmacy will have its own procedure for taking in and giving out prescriptions, so make sure you know what this is.

There are a few basic rules you must follow.

### Taking in prescriptions

Most prescriptions you come across are likely to be on pale green NHS forms which originate from a doctor's surgery (FP10). In Scotland these are called GP10 and are orange and in Northern Ireland HS21 (pale green); both can be dispensed in England and Wales.

Dentists are allowed to prescribe certain items on the NHS, so you might come across their yellow forms – FP10D in England and Wales, GP14 in Scotland and HS47 or HS21D in Northern Ireland. Hospital doctors may prescribe for outpatients; these forms are FP10 (HP) in England and Wales (orange or dark red) and HBP (blue) in Scotland.

Other forms you might come across include those from drug addiction clinics or, community nurses who are able to prescribe from a limited list using their own prescription forms.

Make yourself familiar with the layout of the form and which parts the customer needs to fill in.

#### A Check the following:

- That the patient's name and address is written legibly and accurately.
- The age is included if it is for a child.
- Before prescriptions are accepted, your pharmacist might like to check whether the items are in stock and that the prescribing details are legible and complete.
- Make sure that any information the customer gives you about the prescription is transmitted clearly and promptly to the pharmacist or dispensary staff.

#### B Check if the patient pays for prescriptions.

The following are exempt from charges (a full list appears on the back of the prescription):

- Children under 16 and young people under 19 in full-time education.
- Men and women aged 60 and over.
- Pregnant women and those who have had a baby in the last 12 months, providing they have an exemption certificate from the health authority. Form FW8, from doctors, midwives or health visitors, explains how to obtain this certificate.
- Patients (and their partners) on income support, family credit, job seekers' allowance and disability working allowance.
- Those with a specific medical condition, who have an exemption certificate from the health authority. They must apply for the certificate using form FP92A (EC92A in Scotland).
- NHS Low Income Scheme members and their adult dependants.
- People who have a specific War/Ministry of Defence disability pension.
- Holders of current four- or 12- month 'season' tickets.
- In Wales only, anyone under 25.



reservoir of infection somewhere in the home or school.

Infection is only achieved by close contact. Lice do not hop or fly, they walk quickly, but there has to be head to head contact and for long enough for the louse to move between hosts.

There is a great deal of speculation over resistance to insecticides. In scientific terms, there is a potential for developing resistance, especially with the pyrethrin class of insecticides, if a sub-lethal dose is administered during development, but most recurrences which are attributed to resistance are really the result of another infection or a failure to follow the treatment directions properly.

Another myth is that headlice can be caught from hats and clothing. It is academically possible, but you would have to be very unlucky and transfer the infected hat very quickly. A louse has to feed frequently or it will die. So, if it is sitting in a hat, it will be starving, and probably comatose by the time the next person puts the hat on.

### In for the kill

The modern treatment of choice is to use a specific, topical insecticide. In the main these are lethal nerve poisons which work by deranging the nervous system of the parasite past the point of any possible recovery.

The time taken to effect this destruction will depend on the potency of the agent, the concentration of the applied insecticide and the length of time it is left in

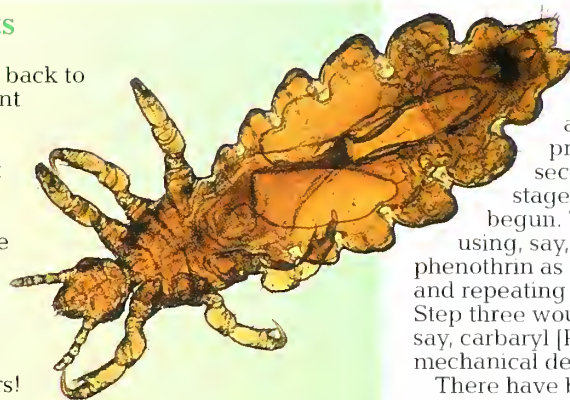
### Counselling points

- Business opportunity – back to school – make a prominent display; ask the reps.
- Perennial problem; not just in schools either.
- Read up the facts in the product leaflets; dispel the myths at every opportunity.
- Alcoholic lotions are flammable – no hairdryers!
- Aqueous alternative for young children, asthmatics and eczema patients.
- Sell another pair of Marigolds if mum has sensitive skin on her hands.
- Use with caution on coloured hair – do a strand test first.
- Be careful with your advice on 'alternative' methods; rely on scientific evidence.
- Let the patients down gently; tell them it's no sin to catch headlice – the sin is in doing nothing about it.

contact with the parasite.

Current opinion favours the use of an alcoholic solution which is applied and allowed to dry naturally. The alcohol evaporates and thus concentrates the insecticide in contact with the invaders, preferably overnight. But these alcoholic lotions are not recommended for young children, nor those with eczema or asthma. There are also a large number of patients who, for religious reasons, cannot use alcohol. Do remember that some of the mousses contain alcohol too.

Other options are to use an aqueous evaporating lotion



days after each treatment. If there are any living adult lice present at the second inspection stage, step two is begun. This could be using, say, permethrin or phenothrin as the insecticide and repeating the process. Step three would be to use, say, carbaryl [POM] or mechanical destruction.

There have been questions about the safety of some of the insecticides, but while the Department of Health licenses them and people use the products as directed by the instruction leaflets, the products should be considered safe.

### Other approaches

Mechanical methods include 30-minute sessions of wet combing, using a hair conditioner to reduce the surface tension on the hair and fine-tooth haircombing. There are also 'bug busting' kits, electronic zappers and, of course, 'natural' remedies.

All the combing methods are laborious and time-consuming. They rely on dislodging the lice and the egg cases, and have to be repeated every three or four days for two weeks. Even a normal comb will work, after a fashion. The mechanical action of vigorous combing breaks the legs of the louse. With broken legs, it won't be able to walk and won't be able to feed – or mate.

The electric combs electrocute the visitors, but they won't kill the viable eggs. The zappers also have to be used on very clean and dry hair, or they don't zap properly.

Natural remedies include herbal cures, certain tree and other oils, vinegar and folklore medicines. The kindest way of assessing their effectiveness is to say that there is very little or no convincing scientific evidence to justify their use in preference to the conventional neurological insecticides on the market.

Head shaving, of course, is 100 per cent effective, but it is not recommended.

While it is quite fashionable at present, it can be stigmatising for the poor sufferer. Other means work just as well and without any of the distress.

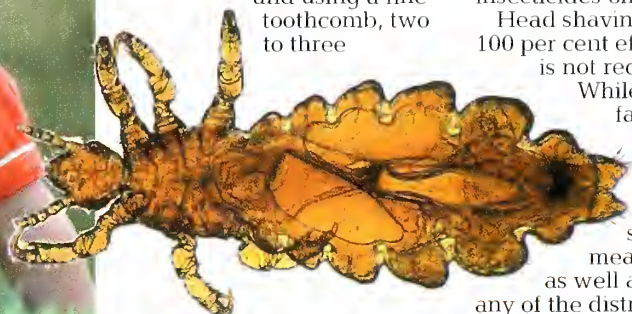
or a mousse. Their strengths lie in their exclusion of alcohol, making them ideal for young children, asthmatics and eczema patients.

Shampoos have fallen from favour because of their low insecticide concentration and the reduced contact time compared with lotions.

### Rotation vs mosaic

The debate over whether it is better to have a pan-regional policy on using just one class of insecticide, and then rotating to the next class after a set interval, or, to use the mosaic pattern of treatments which will run forever. Current thinking is that the rotational method uses the resistance theory and therefore is not sustainable in practice.

An example of the three-tier mosaic approach would be to use, say, a malathion-based treatment first, applying the insecticide twice at intervals of seven days, inspecting the scalp carefully, and using a fine toothcomb, two to three





*Autumn marks the arrival of the new winter clothes in the shops, and the trends for each new season are closely mirrored in what's new on the beauty counters. Sarah Purcell discovers that it's time to swap that all-purpose beige eyeshadow for something more dramatic and learn how to do screen siren eyes*

This season, eyes become the focus of the face, with sexy, sultry looks seen on models at the autumn/winter catwalk shows.

Achieving the sultry look doesn't just mean reaching for the smudgy black kohl and grey eyeshadow. This season's smoky look is achieved with a range of colours including plums, pewter, rich purples, lilacs and bronzes. Here's a taste of what some of the beauty brands are offering:

At **Guerlain** there's a definite move away from shiny faces to matt, with smouldering eye colours in purple and grey.

At **Maybelline** eyes are coloured with deep purples, plums and rich bronzes from the Pure Color eyeshadows.

**Collection 2000's** new Shimmer Eye Creme creates autumn looks in violet, lilac, gold, amber and soft silver. It can be applied with the sponge applicator or a fingertip and teamed with Fast Stroke Eyeliner.

**Revlon's** autumn theme is called Amber Ablaze, a fiery collection of russet, saffron and pumpkin shades. New Eye Glossing is a crease-resistant creamy formula applied with a fingertip in two colours. Finish the look with new Lashlights Mascara in Bronzed Brown.

**Bourjois** has two looks for autumn/winter. Dramatic eyes contrast with nude lips in the first, which features Japanese-style black lined eyes, metallic grey and purple eyeshadow and brown mascara. In the second look lips are red and eyes played down with grey and beige shadow.

**Max Factor's** autumn look is called Black Angel, focusing on dark, smoky eyes coloured with deep berry, pewter and almond eyeshadows, while lips are more subtle.

**Miner's** features lots of shimmery lilac teamed with metallic greys and silvers.

**How to get the look**

Celebrity make-up artist Daniel

Sandler, spokesperson for Bourjois, says it's important with this look to play down the rest of the face otherwise the impact of strong eyes is lost. "Lips should be pale and toffee in shade, and lightly glossed for a bit of glamour," he says. "Cheeks are minimal but defined with a contouring neutral shade."

Here's his step-by-step guide to achieving "the look".

**Step 1** – create a base for the eyes by applying a blob of foundation to the lids, blending with your fingertip. Set with a little translucent powder.

**Step 2** – choose the lighter of your two shadows and sweep all over the lid up to the socket and wing out slightly at the outer edge of the eye. Use the colour under the lower lashes for a smoky effect.

**Step 3** – take the darker shade and

apply just above the socket line with an angled brush.

**Step 4** – outline eyes with a soft pencil in a smoky shade, or wet an angled brush and use a dark eyeshadow. Blend to avoid a harsh effect.

**Step 5** – choose an iridescent highlighter shadow and apply just under the brow bone.

**Step 6** – apply two coats of rich black mascara.

**Step 7** – gently darken brows with eyebrow pencil or shadow. Brush brows into shape.

**Colours to suit your eyes and skin tone**

**Warm colouring and green eyes:** golden tones, browns and ambers will help to bring out green eyes.

**Warm colouring and blue eyes:** metallic shades of gold and brown.

**Warm colouring and brown/hazel eyes:** shades of rich green.

**Cool colouring and blue eyes:** violets, lilacs and purples look stunning with this colouring.

**Cool colouring and brown/hazel eyes:** blues and greys.

**Cool colouring and green eyes:** mauves, pinks and purples.

**Top tips for perfect eyes**

- To open up eyes, line the inside of the lower lid with white pencil.
- To define brows, a matt shadow gives a more natural effect than a pencil.
- When lining the eyes, always define the entire length of the top lid. Applying eyeliner just to the outer corner will make your eyes look smaller.
- Don't match your eye colour to your eye

shadow – always create a contrast.

"To enlarge small eyes, keep lids pale and shimmery and put a little dark colour just in the socket," says Mr Sandler.

"Avoid pinky and red-brown eyeshadows. Try lilac and intense dark shades instead – lilac suits everyone and dark shades contrast with the whites of the eyes, making them appear brighter," he says.

**Perfect lashes**

● Before applying mascara, curl your eyelashes with eyelash curlers, holding them as near to the roots of your lashes as you can.

● Apply two coats of mascara.

● Only apply mascara to the underneath of the upper lashes – applying to the top will make them look clogged and heavy.

● If your eyes look tired, just apply mascara to the top lashes.

● Blot mascara from the brush with a tissue before you apply it to avoid blobs and clumps.

● Get rid of any unsightly blobs with an eyelash comb.

● Throw out mascara every three months to avoid eye infections.

**Bright eyes**

You've mastered the smouldering screen siren look, but there's one snag – your eyes are red and puffy so the effect is spoilt. Here's how to get them white, bright and smooth again.

● To get rid of puffy eyes and eye bags, place cooled, used teabags on each eye.

● Reduce puffy eyes by soaking cotton wool pads in cooled witchhazel and placing carefully under the eyes. But don't get this in the eyes as it will sting.

● Slices of raw potato placed over each eye have a lifting effect on tired-looking eyes.

● Products such as Optrex Eye Dew, Optrex Clear Eyes or Rohto V can be used to help give dull eyes back their sparkle. However, these should not be used when wearing soft contact lenses.

The emphasis is on eyes this autumn, as shown here by OTC/Olay Model winner Laura Brown

# Time to hypnot-eyes



There are two types of customer: those who know exactly what they want to purchase and those who don't.

The first type can and do walk into any self-selection shop or store, pick what they want from the display, pay and leave without speaking to anyone. For these customers, the well known and trusted brands, self-selection and lower prices are more important than service. In fact, superstores have grown and prospered because of branding, self-selection, packaging and merchandising. All of these have been developed to a fine art in recent decades. There is a lesser need for good service, expert advice and knowledge in a shop or store, for those products which can be sold without human intervention in the sale.

There are, however, shops which are strongholds, that resist the complete abandonment of service, simply because they sell products which require advice from an expert to help the customer make the right purchase.

Any customer making an infrequent purchase, a first time purchase, or one where a second opinion is required before deciding, needs a shop where there are people well trained not only in the products they sell but also in giving advice. Typical of these retailers are garden centres or nurseries, dress shops, craft shops, car showrooms and pet shops.

Similarly, health food shops are normally run by experts, beauty product specialists by beauticians and when you buy a haircare product from your hairdresser you know that the advice that you are getting is good.

Every pharmacy has an expert on medicines and healthcare – the pharmacist. But because the pharmacist is not able to talk to and advise every customer or patient seeking a product for their problem, at least one and preferably two of the pharmacy's sales staff need to be experts in the basics of OTC medicines and their uses too.

Community pharmacy is much more than either a dispensary for prescriptions or healthcare shop. Within its walls there are other important markets, many of which survive and have the potential to grow because customers need advice from



*It is expert knowledge, advice and the personal touch which make the community pharmacy stand out from self-selection superstores, so why not become the pharmacy expert in one or two categories which interest you? John Kerry shows us how*

an expert – and if they need expert advice they are unlikely to look for it in a superstore.

We have looked previously at sources of training and knowledge for pharmacy assistants on the markets, products and uses for these products. These were the NPA training modules, manufacturers' training courses, symbol group training courses etc. One can achieve good skill levels in retail disciplines and customer service from such courses, but there is a big need, not readily fulfilled, for both product knowledge and the uses for these products that you see every day in your pharmacy.

The main markets or categories are:

- vitamins, supplements and herbal remedies
- alternative and complementary medicines
- babycare

- skincare
- haircare
- health foods.

Community pharmacy is a mini-department store of important categories where expertise is needed. Where else can this expertise be gained?

#### **Manufacturers booklets and leaflets**

As part of their company and product promotion, many manufacturers publish booklets and leaflets not just on the more technical aspects of their products but on the market and the uses for them.

Typically, manufacturers of baby food products will publish illustrated guides on milk products, solids and infant nutrition. Often there will be a series specially written to guide mothers, particularly first-time mothers, through the various progressive stages. Because

these are written with the first-time mother in mind, they may appear to be rather over simplified, but it is worth remembering that responsible manufacturers will take advice from the country's leading experts in the field and the advice is generally good.

Apart from infant nutrition, baby care, skincare, hair colorants, vitamins, herbal remedies, homoeopathy, aromatherapy, sports injuries etc are a selection of the important topics covered.

The big advantage of these publications is that they are generally provided free of charge by the manufacturers.

You will need a lot of space to display all the publications available. The best bet is to decide on the markets that are important, write to all the manufacturers in these markets and ask for samples of their booklets. Once you





# expert

and the pharmacist have studied them, select the best, order a stock for display and, if possible, keep all the others on file for reference.

## Training courses at colleges

It would be quite wrong to suggest that expert knowledge of your subject and products is the main ingredient for success in retail – but it is important. You wouldn't want to staff a computer shop with assistants who only knew how to sell and be nice to customers, but some shops do. Add the expertise to the shop and people skills and you have the right formula.

What better place to learn to be an expert than at school? The main places of learning are of course colleges of further and adult education, adult residential colleges and the Open University. Your local library will have guides and prospectuses for the colleges in your area.

College courses are going to give you more than books or leaflets and very often you will receive a certificate or diploma – not a bad thing to

display in the pharmacy.

There are dozens of subjects available at colleges for evening, day release or weekend courses that relate to community pharmacy work. A selection I found available in one small area of the UK are:

- **Beginners Beauty Therapy**
- **Beauty Therapy – Level 2 or 3 NVQ**
- **Beauty Consultancy diploma**
- **Hairdressing and make-up diploma**
- **Manicure certificate**
- **National Diploma in early years**
- **Diploma in Holistic Therapy**
- **Diploma in Aromatherapy**
- **Diploma in Reflexology**
- **Sports Massage**
- **Basic Health and Safety Certificate**
- **Reiki**
- **Meditation**
- **Herbalism**

Some of the courses offer much more than you will need for everyday work, but if you have a keen interest in the subject, you will take the extra knowledge on board and use it on those rare

occasions, while using the expertise gained at college to help patients and customers.

## Health Books

Visit your library and you will find a dozen books on any one of 100 topics relating to products sold in your pharmacy. Even within a specific healthcare subject the choice can be huge.

If you or any of your customers need to read and learn more, the library is the place to go.

If a pharmacy attempted to cover every topic and offer a choice of books, the shop would probably need to double in size. There are, however, a few series of mainly healthcare books specifically designed for sale in pharmacy. The main players in this field have highly qualified authors for each topic, the books are written for the non-expert and they are reasonably priced. They generally come in their own dispenser, so take up little floor space.

One good example is the *Family Doctor* series, published by the BMA. Make sure all staff members know about the books if you stock them. Although they are a self-selection item, if you and your colleagues are familiar with the content you can recommend them to patients.

## Electronic media

There are a large number of audio cassettes, CDs and DVDs available from retailers and specialist mail order outlets, but the biggest breakthrough in the availability of learning materials has to be the internet.

Every company, publisher, college and university has a site packed with up-to-date information on their products or speciality. All this is available for the price of a phone call from your home computer or the pharmacy PC. There is not much likelihood of your pharmacy having a PC devoted to internet use, but why not? Obviously the vital prescription label and patient record system PC should not be interrupted while doing its vital work.

If a customer has a question you cannot answer immediately, make a note and ask him or her to return after you have had a chance to consult the vast free internet information service. Often, the answer your customer needs can be found and printed out within

a couple of minutes or so.

There are a few ways of discovering the information that you want if you don't know the exact website address. For example, a mother may ask whether Brand X stage two meals can be taken to the tropics and used safely. In this instance you would type Brand X, up would come its website and you would click on the appropriate box for the information. If it isn't available there will always be a "Contact us" panel where you can make your enquiry. The alternative is to use "key words" to find the answer.

A customer may wish to know what to do about her fingernails which always seem to break before they grow more than 2-3mm long. By typing "Fingernails breaking", you will find a large number of sites listed, many of which will offer a solution – and many more that are totally inappropriate, of course.

Tell your customer just how you accessed the information he or she wanted. It is always good practice to ensure that every customer or indeed patient has as much information as they require in order to make an informed decision about the drugs that they are taking or products they are using. The days have long gone, thank goodness, when the medical profession kept treatment details from patients and manufacturers kept their ingredients secret.

Community pharmacies are expected to offer good advice and when it comes to medicines and healthcare there is always a trained professional in the shop. But minor healthcare problems and questions associated with babies, skin, hair, personal hygiene etc are directed to you and your colleagues in the front shop.

There are those who, because they have been doing the job for so long, seem to have the answer to every customer's problem. These are rare and because few of us can be an expert on everything, it is best to become expert in one or two main categories.

Read the pack information, study the literature, ask the sales rep questions, read books on the topic and of course keep up to date by using the internet. In this way every assistant in pharmacy can become an expert and this is what will help distinguish it from a self-selection store.



# Test Your Knowledge

We know how important it is to our readers to keep up to date and Test Your Knowledge offers you the chance to test what you have learned from three of the features in this issue. The answers are at the foot of the page.

## Sprains and strains

- What is micro-trauma?
  - a very minor injury
  - internal damage to a muscle, tendon or ligament disrupting a few fibres
  - an injury which you can only see if you look very closely
- What does the C in the RICE principle stand for?
  - compression
  - constriction
  - contusion
- When an injury is elevated it should be raised:
  - as high as possible
  - just off the ground
  - above the level of the heart



- Topical NSAIDs are particularly useful:
  - to treat acute injuries
  - to treat chronic problems
  - as a first aid treatment
- If someone wants a natural remedy for bruising you could recommend homoeopathic:
  - arnica
  - sepia
  - thuja

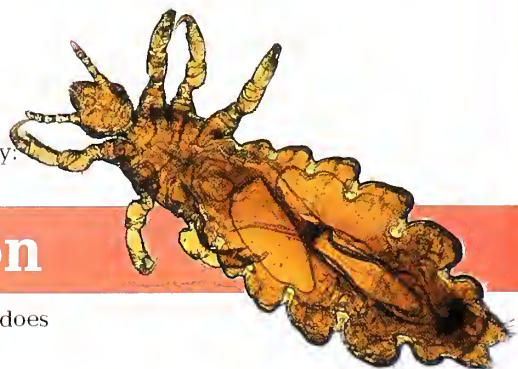
Questions sponsored by

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## Headlice



- Headlice are the size of:
  - a pinhead
  - a small matchhead
  - a drawing pin head
- The lifespan of the louse is about:
  - one week
  - two weeks
  - one month
- A nit is:
  - the louse egg
  - the mature louse
  - the empty egg case
- Lice move from head to head by:
  - hopping
  - walking
  - flying
- Topical insecticides treat the infestation by:
  - suffocating the louse
  - poisoning the louse
  - deranging its central nervous system



## Constipation

- Constipation is when someone does not open their bowels:
  - every day
  - every other day
  - as often as is normal for them
- Fibre is important in the diet because it:
  - adds bulk for the stools
  - aids the movement of the material along the intestine
  - helps retain water to prevent the stool becoming hard and impacted
- Constipation can be a result of:
  - too little fruit and veg in the diet
  - insufficient exercise
  - too much fruit and veg in the diet
- Common symptoms of piles include:
  - bleeding
  - itching
  - numbness
- Haemorrhoid treatments come in the following forms:
  - creams and ointments
  - spray
  - suppositories

ANSWERS: SPRAINS AND STRAINS: 1 b; 2 a; 3 c; 4 b; 5 a. HEADLICE: 1 b; 2 c; 3 c; 4 b; 5 a. CONSTIPATION: 1 c; 2 all; 3 a; b; 4 a; b; 5 all



# OVER THE COUNTER

The other day I realised just how fast this year is flying when we received our first allocation of winter stock for coughs and colds.

We also have a new pharmacist and counter assistant joining us, so you could say we are probably in for a period of change.

Did you know that millions of pounds have been spent on advertising the services we provide in our pharmacies? People are encouraged to visit us for advice and medication. They also expect to have access to products like the morning-after pill. This particular service has never been available at my pharmacy, which causes considerable problems for staff and customers.

Last Saturday morning a customer requested the morning-after pill and was told by our pharmacist to go to the health centre across the road. She returned almost immediately and told me they would not supply her because her doctor was in another part of the town. This lady was unable to see her own GP because it was the weekend and his surgery was closed. She was so upset that she didn't wait for further advice and left in floods of tears.

I was very concerned about what had

occurred and asked my pharmacist why we did not supply this product. He told me that she could get it from the surgery or another pharmacy (since this is about three miles away this would also have prolonged the lady's dilemma).

This incident really gave me food for thought because we turn away several women each week, so I did a little research to see how widespread this problem is locally. I rang 10 pharmacies and found that only three provide this service. When I asked why I was told: "We just don't", or "Our pharmacist isn't qualified". One assistant asked me if I realised how many forms had to be filled in. She said: "It's a right rigmarole, so we don't do it." Another said: "We just don't have the facilities."

Most women know this Pill is available over the counter and they expect it to be there. Why are we letting them down and why am I bearing the brunt of their frustration? I know some pharmacists feel unable to sell this product on moral grounds, but I can honestly say that I have never seen them refuse to dispense this item on prescription.

Recently, one of the large leading supermarkets hit the headlines by advertising the fact that they would be selling the morning-after pill over the counter in their pharmacies – they obviously feel there is a demand for it.

"Oh dear, what can the matter be? The morning-after pill is not in the pharmacy!"



This time we have a freebie which is bound to appeal to our more mature readers.

New, improved Estroven, is a complete supplement formulated for women before, during and after the menopause.

The one-a-day caplets combine isoflavones from non-GM soya and Japanese arrowroot with seven vitamins and three minerals which are especially important at this time of hormonal change.

Estroven has been the best selling women's natural health supplement in the USA for the last two years and was the first of its kind to be launched in the UK.

Each caplet provides 50mg of isoflavones – as much as the daily intake from the diet in Japan, where there is no specific term for hot flushes!

Studies have shown that isoflavones can help reduce the incidence and severity of hot flushes, have a positive effect on cardiovascular health and can help with loss of memory and concentration.

The supplement also contains calcium and boron, both important for bone health, B vitamins essential for energy production and a healthy nervous system and the antioxidants vitamin E and selenium.

A pack of 30 Estroven caplets retails at £14.99, but Wassen Nutrients is

offering 15 free packs for OTC readers to try.

Just send your name, address and the name of the pharmacy where you work to: OTC/Estroven offer, CMP Information, Sovereign House, Sovereign Way, Tonbridge, Kent TN9 1RW to arrive by October 31. The first 15 names picked out will receive a free pack.





# first aid advice from first aid experts



A site dedicated to providing education and product information for the pharmacist and pharmacy assistants as well as a separate site for the consumer.

## www.wound-advice.co.uk



- 1 How to qualify as a Smith & Nephew Advanced Healing Advisor
- 2 The skin, wounds and the healing process including the concept of advanced healing
- 3 Faster healing products and how to use them
- 4 CICA-CARE Scar treatment

**Advanced healing first aid products** from Smith & Nephew help to **grow the first aid category** and offer **excellent profit on return**

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